Board of County Commissioners
Leon County, FL

WORKSHOP

Women's Health Services Program

1:00 – 3:00pm
Tuesday, April 12, 2005

Leon County Board of County Commissioner Chambers
Leon County Courthouse, 5th Floor

This document distributed: April 7, 2005

Board of County Commissioners
Workshop

Date of Meeting:	April 12, 2005
Date Submitted:	April 7, 2005
To:	Honorable Chairman and Members of the Board
From:	Parwez Alam, County Administrator Vincent S. Long, Assistant County Administrator Joe Sharp, Director of Health and Human Services Division
Subject:	Workshop on Women's Healthcare Issue

Statement of Issue:
To conduct a Board workshop on Women's Healthcare issue.

Background:
On December 3, 2003, the Board of County Commissioners held its annual retreat to set the organization's priorities for the 2003/04 fiscal year. Pursuant to the retreat priority process in place at that time, those issues receiving the most cumulative points were ranked as the top ten (10) Board priorities for the year. The issue of women's health care services was advanced by Commissioner Proctor and appeared on the Commissioners' retreat ranking sheet. As a result of the Board's scoring, the issue received the #7 priority ranking. For detailed information on cumulative and individual rankings by issue, see Attachment #1.

On June 8, 2004, the Board approved a RFP for consultant services to evaluate the need for a Women's Health Center at Bond Community Health Center (Bond CHC) for the uninsured and medically underserved (Attachment #2). On July 27, 2004, the Board considered an agenda item which presented MGT of America, Inc. (MGT) as the top ranked firm in response to the RFP. At that time, the Board awarded the contract to the top ranked firm in the amount of $50,000 to perform the specified services (Attachment #3).

Given the retreat priority and pending the outcome of the study, the Board approved an increase in the Primary Health Care MSTU from .12 to .22 mils in the FY 2004/2005 Budget, generating an additional approximately $1 million. This action was taken to provide the funding necessary should the Board decide to implement a women's health care program in 2005.
On January 13, 2005, the MGT study report was received by the County (Attachment #4). Copies of the study were distributed to the Board of County Commissioners, as well as to the Primary Healthcare Implementation Advisory Board (PHAB). MGT staff made a detailed presentation on the study's findings and recommendations at the PHAB meeting of March 1, 2005. The PHAB held a number of discussions on the issue in anticipation of making a recommendation to the Board of

County Commissioners. In response to various models and associated budgets for services presented in the study, the PHAB requested a proposal from Bond CHC on how they would address the delivery of women's healthcare services and costs. At the PHAB meeting on March 24, 2005, Bond CHC representatives informed the PHAB that they believed it most appropriate to deliver their proposal directly to the Board of County Commissioners.

Analysis:
This workshop item presents the Board of County Commissioners with findings from the MGT report and Bond CHC's proposal for women's healthcare services in response to the MGT study.

MGT Report Findings:
The RFP scope of service requested that MGT study the need for women's healthcare services for uninsured and low-income women and children of Leon County. The following is a synopsis of the report's major findings:

1) There are pockets of low-income families and individuals throughout Leon County.
2) The greatest concentration of low-income families and individuals are located in zip code areas of 32301, 32310, and 32304.
3) The Bond Community area has the highest number of female-headed households and the highest number of children under 18 with a single female head of household.
4) The Bond Community shows the highest percentage (8.4%) of low birth weights (under 2,500 grams) in the County (7.8%).
5) The rate of very low birth weights in the Bond and Southside communities is more than double the rate of the state (1.6%) and the national average (1.5%).
6) The Bond Community also shows the highest rate of infant mortality in the County.
7) The Bond Community also shows the third highest rate of neonatal mortality.
8) The Bond Community also shows the highest rate of death by gynecological cancers.
9) The Bond Community also shows the second highest rates of deaths by lung cancer in the County.
10) The Bond Community also shows the third highest rate of death by breast cancer.
11) Most frequently mentioned as needed services were: adult dental services; prenatal care; OB/GYN care; well baby care; nutrition education, and mental health services.
12) MGT also identified lack of transportation, absence of child care, and timely access and availability of services as major barriers to low-income and uninsured females securing adequate and quality healthcare services.

MGT Report Recommendations:
MGT's study states that their recommendation that women's healthcare services be established at Bond Community Health Center ensures a comprehensive, coordinated and unduplicated effort for providing health care services for low-income, uninsured women and children, to increase access and availability of healthcare services to low-income, uninsured women and children and to provide

services that are not easily accessible to women and children. The study proposes two models to provide these services: 1.) "the Core Health Services Model" and 2.) "the Bond/Leon County Comprehensive Women's Services Program Model". An overview of each of these proposed healthcare services models is presented below. **MGT recommends "the Bond/Leon County Comprehensive Women's Services Program Model** (#2 Model, below)".

1.) The "Core Health Services" Model:
(See Attachment #4, sections 5.3.1.1 through 5.3.1.6 for programmatic detail and line item budget.)

Summary: The core health services model includes four major components: Services coordination, Core services, Outreach, and Support. Core services include preventive health screenings, disease management, obstetrical and gynecological services and pediatric services. The Outreach component is designed to address the need for greater awareness and education about the availability of services and how to access them. Support is provided by the WeCare Network, CareNet, and the Dental Division of the Leon County Health Department.

Cost: $318,280.

2.) The "Comprehensive Women's Health Service Program" Model:
See Attachment #4, sections 5.4 through 5.5 for programmatic detail and line item budget.

Summary: The MGT study recommends the Comprehensive Women's Health Service Program Model as a service area wide network organization build around a core central unit based at the Bond Community Health Center. MGT recommends that the Bond Community Health Center serve as the core facility for comprehensive primary care services and selected specialty care. MGT also recommended that Bond CHC provide administrative oversight to service locations other than Bond.

Cost: 1,361,610.

Bond CHC Proposal:
See Attachment #5, pages 9 to 15 for programmatic detail and pages 21 to 22 for line item budget.

Summary: Bond CHC proposes a Comprehensive Women's Health Services Model program to provide women and children's healthcare services, countywide. Under their proposal, the core central unit for these services would be based at Bond CHC. Bond CHC would retain the 1.3 Full Time Equivalent (FTE) midwifery service providers and contract with an OB/GYN physician with admitting privileges at local hospital for two days per week. Also, Bond CHC would contract with a pediatrician for three days per week. For dental screenings, Bond CHC would contract with the Leon County Health Department dental unit.

Cost: $1, 579,040. However, the program's cost could be reduced to $1, 224, 918 if the Mobile Services Unit was not included.

Summary of MGT report and Bond CHC Proposals:
Table #1, below, summarizes the key components of the three primary proposed comprehensive women's healthcare services models, as presented by MGT and Bond CHC. This table provides a brief overview of the primary service components of each model and the estimated cost for each.

Table #1: Overview of MGT Models and Bond CHC Proposal for Women's Healthcare

Name:	Overview of Services:	Estimated Cost:
"Core Health Services" Model (by MGT)	Improved Services Coordination Increased Core Services Increased Community Outreach Improved Support	$318,280
"Comprehensive Women's Health Services" Model (by MGT)	-Countywide women's services area with core central healthcare unit at Bond CHC. -Bond provides administrative oversight to service locations other than Bond.	$1,361,610
"Comprehensive Women's Health Services" Model (by Bond CHC)	- Expansion and renovation of space at two Bond CHC sites - Improve service provision and add new staff to focus on women's healthcare issues - Add Mobile Services Unit.	$1579,040,*or* $1,224,918 (without Mobile Services Unit)

Options:
1. Provide staff direction on the implementation of a women's healthcare services program model presented here.

2. Provide staff direction on the implementation of a women's healthcare services program model as determined by the Board.

3. Do not pursue the implementation of a women's healthcare services program at this time.

4. Board Direction.

Recommendation:
Option #4.

Attachments:

1. FY 03/04 Retreat Ranking Sheet
2. June 8, 2004 Agenda Item Approving RFP.
3. July 27, 2004 Agenda Item Awarding RFP.
4. MGT of America, Inc.: A Study of the Need for Women's Health Services
5. Bond Community Health Center Proposal

PA/VSL/JS/JH/js

Attachment # 1
Page 1 of 1

FY 03-04 BCC Retreat Ranking Sheet

RANK	ISSUES	TG	BR	BP	DW	RM	JS	CT	TOTAL
1	**Total Maximum Daily Loads/Water Quality Issues CT**	3	6		4		4	7	24
	a. Requires Financial Commitment and Priority of the Board								
2	**Joint Dispatch/Emergency Operations Center JS**	5	3		5	2	7	1	23
3	**Charter Amendment (Joint Stormwater) DW JS (Comb #18)**	6			6			6	18
4	**Protection of North Florida Water Resources BP**		2	6		1	5	3	17
	a. Conduct workshop early 2004 on this issue								
	b. Feasibility Study of Joint Water Bottling Facility with Wakulla								
5	**Eliminate EMS MSTU TG**	7			3	4	2		16
6	**Economic Development - RM TG (Combine with #16 and #10)**	4	1		2	6	3		16
	a. Small Businesses and Job Creation								
	b. Allocate % of tax base to Job Creation								
	c. Performance Contract for EDC								
	d. Expansion of Innovation Park								
	e. Connecting to Airport Access to Town (I-10)								
	1. Impact on Education Quadrant								
7	**Women's Health Center on Southside (Bond Clinic) BP**			7	1	7			15
	a. Review and Evaluation by Primary Health Care Council								
	b. Needs Assessment								
8	**Community/Teen Centers JS**				7		6		13
	a. Extend Lease with School Board for Ft Braden Community Center								
	b. Use of School Facilities for Youth Programs After Hours								
	c. Dinner Program for Kids After school								
9	**Funding of 90E to I-10 RM**	2	5			5			12
	a. Find alternative ways to fund this project								
10	**Southern Strategy BR**		7	1				2	10
	a. Private Sector Involvement (Housing, Schools, Transportation)								
	b. Impact of FSU and FAMU Master Plans on Neighborhoods								
	c. Request Workshop on these Issues								
11	**CRA Issue - DW**			2				5	7
12	**Detailed Review of MBE Spending BP**			4		3			7
	a. Improved/Enhanced spending plan for MBE's								
	b. Review of BluePrint and MPO spending with MBE's								
	c. Spending should reach 40% or above level								
13	**Article V Funding Issues BP**			5			1		6
	a. Meet with Legislative representatives to assure funding is available for Court System								
14	**Eastern Transmission Lines TG**	1	4						5
	a. Community Policy for Transmission Lines								
15	**Bank of America Office Space Utilization Plan DW**							4	4
	a. Bring back an agenda item on space plan								
	b. Look at moving Commission to Courthouse Annex								
16	**Woodville Hwy (Tram to Capital Circle) - BP**			3		1			4
	a. Development of Corridor (4 lanes) Review Land Use								

Scale: 1-7 (1= Lowest Priority - 7 = Highest Priority)

Board of County Commissioners
Agenda Request 10

Date of Meeting: June 8, 2004
Date Submitted: June 2, 2004

To:	Honorable Chairman and Members of the Board
From:	Parwez Alam, County Administrator Vincent S. Long, Assistant County Administrator
Subject:	Approval to Issue a Request for Proposal for the Evaluation of the Need for A Women's Health Center at Bond Community Health Center.

Statement of Issue:
This agenda item seeks Board approval to issue a Request for Proposal (RFP) for the evaluation of the need for a Women's Health Center at Bond Community Health Center for the uninsured and medically underserved citizens (Attachment #1).

Background:
At the Board of County Commissioners Retreat on December 3, 2003, the Board established, as one of its top ten priorities for Year 2003-2004, the evaluation of the need for a women's health center at the Bond Community Health Center (Attachment #2).

Analysis:
Recent research indicates that women make greater use of the health care system than men, and their utilization patterns are more complex. The array of health care service organizations serving women include both public and private entities, and some women may use a combination of both. The use of multiple sources of health care makes it highly probable that the care is uncoordinated, resulting in redundancy of care and gaps in services. Many women do not have access to the type of primary care that is comprehensive, coordinated, and based on a sustained relationship between provider and patient. Women who are uninsured, indigent, and residing in medically underserved areas are particularly vulnerable.

The establishment of Women's Healthcare Centers is a relatively new occurrence in the health care field. In order to provide for a complete and timely evaluation of the need for a Women's Health Center at Bond Community Health Center, a Request for Proposal (RFP) has been developed. The RFP seeks consultancy services to evaluate the need for a Women's Health Center at Bond Community Health Center for uninsured and medically underserved citizens.

The successful respondent shall provide a written report that evaluates the need for a women's health care center at Bond Community Health Clinic. The report shall completely analyze all pertinent factors involved in the establishment of a women health services center and based on findings make recommendations of the need for the establishment of a Leon County Women's Health Services Center. The report will also contain recommendations on funding needs according to a service phase-in schedule. It is expected that the report will be data driven and shall include analysis, findings, summaries and recommendations and shall include such other information as determined by consultant.

Broad public input is required to assure identification and analysis of stakeholder needs.

The timeline for the issuance of the RFP and the selection of a consultant to perform the needs assessment will be as follows:

Board Approval of Issuance of RFP June 8, 2004

RFP Responses Received and Evaluated July 13, 2004

Board Approval of Consultant Selection July 27, 2004

Conduct Needs Assessment (3 months) October 26, 2004

Board Acceptance of Final Report November 9, 2004

Funding for the study will be provided by the Primary Healthcare Program.

Options:

1. Approve the issuance of a Request for Proposal for the evaluation of the need for a women's health center at Bond Community Health Center.
2. Do not approve the issuance of a Request for Proposal for the evaluation of the need for a women's health center at Bond Community Health Center.
3. Board Direction

Recommendation:

Option #1

Attachments:

1. Request for Proposal for the Evaluation of a Women's Health Center at Bond Community Health Center
2. Leon County Top Priorities 2003-2004

REQUEST FOR PROPOSALS

for

CONSULTANT SERVICES FOR CONDUCT OF A STUDY

ON THE ESTABLISHMENT OF A WOMEN'S HEALTH CENTER

Proposal Number BC-07-07-04-50

BOARD OF COUNTY COMMISSIONERS

LEON COUNTY, FLORIDA

RFP Title: Request for Proposals for Consultant Services for Conduct of a Study on the *Establishment of a Women's Health Center*
Proposal Number: BC-07-07-04-50
Opening Date: Wednesday, July 7, 2004 at 2:00 PM

I. INTRODUCTION

Leon County requests proposals from qualified firms or individuals for consultant services for professional research, involvement of health care professionals and public involvement to prepare and conduct research to evaluate the establishment of a women's health care center at Bond Community Health Clinic.

II. GENERAL INSTRUCTIONS:

A. The response to the proposal should be submitted in a sealed addressed envelope to:

Proposal Number: BC-07-07-04-50
Purchasing Division
2284 Miccosukee Road
Tallahassee, FL 32308

B. An ORIGINAL and five (5) copies of the Response must be furnished on or before the deadline. Responses will be retained as property of the County. The ORIGINAL of your reply must be clearly marked "Original" on its face and must contain an original, manual signature of an authorized representative of the responding firm or individual , all other copies may be photocopies.

C. Any questions concerning the request for proposal process, required submittals, evaluation criteria, proposal schedule and selection process should be directed to Keith Roberts or Don Tobin at (850) 488-6296, FAX (850) 922-4062, e-mail: roberts@mail.co.leon.fl.us or tobind@mail.co.leon.fl.us. Written inquiries are preferred.

D. Special Accommodation: Any person requiring a special accommodation at a Pre-Proposal Conference or Bid/RFP opening because of a disability should call the Division of Purchasing at (850) 488-6049 at least five (5) workdays prior to the Pre-Bid Conference or Bid/RFP opening. If you are hearing or speech impaired, please contact the Purchasing Division by calling the County Administrator's Office using the Florida Relay Service which can be reached at 1(800) 955-8771 (TDD).

E. Proposers are expected to carefully examine the scope of services, and evaluation criteria and all general and special conditions of the request for proposals prior to submission. Each Vendor shall examine the RFP documents carefully; and, no later than seven (7) calendar days prior to the date for receipt of proposals, he shall make a written request to the Owner for interpretations or corrections of any ambiguity, inconsistency, or error which he may discover. All interpretations or corrections will be issued as addenda. The County will not be responsible for oral clarifications.

Only those communications which are in writing from the County may be considered as a duly authorized expression on the behalf of the Board. Also, only those communications from firms which are in writing and signed will be recognized by the Board as duly authorized expressions on behalf of proposers.

F. Your response to the RFP must arrive at the above listed address no later than Wednesday, July 7, 2004 at 2:00 PM to be considered.

G. Responses to the RFP received prior to the time of opening will be secured unopened. The Purchasing Agent, whose duty it is to open the responses, will decide when the specified time has arrived and no proposals received thereafter will be considered.

RFP Title: Request for Proposals for Consultant Services for Conduct of a Study on the Establishment of a Women's Health Center
Proposal Number: BC-07-07-04-59
Opening Date: Wednesday, July 7, 2004 at 2:00 PM

H. The Purchasing Agent will not be responsible for the premature opening of a proposal not properly addressed and identified by Proposal number on the outside of the envelope/package.

I. It is the Proposers responsibility to assure that the proposal is delivered at the proper time and location. Responses received after the scheduled receipt time will be marked "TOO LATE" and may be returned unopened to the vendor.

J. The County is not liable for any costs incurred by proposers prior to the issuance of an executed contract.

K. Firms responding to this RFP must be available for interviews by County staff and/or the Board of County Commissioners.

L. The contents of the proposal of the successful firm will become part of the contractual obligations.

M. Proposal must be typed or printed in ink. All corrections made by the Proposer prior to the opening must be initialed and dated by the Proposer. No changes or corrections will be allowed after proposals are opened.

N. If you are not submitting a proposal, please return the form attached at the end of the RFP, marked 'No Proposal'.

O. The County reserves the right to reject any and/or all proposals, in whole or in part, when such rejection is in the best interest of the County. Further, the County reserves the right to withdraw this solicitation at any time prior to final award of contract.

P. Cancellation: The contract may be terminated by the County without cause by giving a minimum of thirty (30) days written notice of intent to terminate. Contract prices must be maintained until the end of the thirty (30) day period. The County may terminate this agreement at any time as a result of the contractor's failure to perform in accordance with these specifications and applicable contract. The County may retain/withhold payment for nonperformance if deemed appropriate to do so by the County.

Q. Public Entity Crimes Statement: Respondents must complete and submit the enclosed Public Entity Crimes Statement. A person or affiliate who has been placed on the convicted vendor list following a conviction for a public entity crime may not submit a bid on a contract to provide any goods or services to a public entity, may not submit a bid on a contract with a public entity for the construction or repair of a public building or public work, may not submit bids on leases of real property to a public entity, may not be awarded or perform work as a contractor, subcontractor, or consultant under a contract with any public entity, and may not transact business with any public entity in excess of the threshold amount provided in Section 287.017, for CATEGORY TWO for a period of 36 months from the date of being placed on the convicted vendor list.

R. Certification Regarding Debarment, Suspension, and Other Responsibility Matters: The prospective primary participant must certify to the best of its knowledge and belief, that it and its principals are not presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded from covered transactions by any Federal department or agency and meet all other such responsibility matters as contained on the attached certification form.

S. Licenses and Registrations: The contractor shall be responsible for obtaining and maintaining throughout the contract period his or her city or county occupational license and any licenses

RFP Title: Request for Proposals for Consultant Services for Conduct of a Study on the Establishment of a Women's Health Center
Proposal Number: BC-07-07-04-50
Opening Date: Wednesday, July 7, 2004 at 2:00 PM

required pursuant to the laws of Leon County, the City of Tallahassee, or the State of Florida. Every vendor submitting a response to this request for proposals shall include a copy of the company's local business or occupational license(s) or a written statement on letterhead indicating the reason no license exists. Leon County, Florida-based businesses are required to purchase an Occupational License to conduct business within the County. Vendors residing or based in another state or municipality, but maintaining a physical business facility or representative in Leon County, may also be required to obtain such a license by their own local government entity or by Leon County. For information specific to Leon County occupational licenses please call (850) 488-4735.

If the contractor is operating under a fictitious name as defined in Section 865.09, Florida Statutes, proof of current registration with the Florida Secretary of State shall be submitted with the proposal. A business formed by an attorney actively licensed to practice law in this state, by a person actively licensed by the Department of Business and Professional Regulation or the Department of Health for the purpose of practicing his or her licensed profession, or by any corporation, partnership, or other commercial entity that is actively organized or registered with the Department of State shall submit a copy of the current licensing from the appropriate agency and/or proof of current active status with the Division of Corporations of the State of Florida or such other state as applicable.

Failure to provide the above required documentation may result in the response being determined as non-responsive.

T. Audits, Records, And Records Retention

The Contractor shall agree:

1. To establish and maintain books, records, and documents (including electronic storage media) in accordance with generally accepted accounting procedures and practices, which sufficiently and properly reflect all revenues and expenditures of funds provided by the County under this contract.

2. To retain all client records, financial records, supporting documents, statistical records, and any other documents (including electronic storage media) pertinent to this contract for a period of five (5) years after termination of the contract, or if an audit has been initiated and audit findings have not been resolved at the end of five (5) years, the records shall be retained until resolution of the audit findings or any litigation which may be based on the terms of this contract.

3. Upon completion or termination of the contract and at the request of the County, the Contractor will cooperate with the County to facilitate the duplication and transfer of any said records or documents during the required retention period as specified in paragraph 1 above.

4. To assure that these records shall be subject at all reasonable times to inspection, review, or audit by Federal, state, or other personnel duly authorized by the County.

5. Persons duly authorized by the County and Federal auditors, pursuant to 45 CFR, Part 92.36(i)(10), shall have full access to and the right to examine any of provider's contract and related records and documents, regardless of the form in which kept, at all reasonable times for as long as records are retained.

6. To include these aforementioned audit and record keeping requirements in all approved subcontracts and assignments.

RFP Title: Request for Proposals for Consultant Services for Conduct of a Study on the Establishment of a Women's Health Center
Proposal Number: BC-07-07-04-58
Opening Date: Wednesday, July 7, 2004 at 2:00 PM

U. Monitoring

To permit persons duly authorized by the Count y to inspect any records, papers, documents, facilities, goods, and services of the provider which are relevant to this contract, and interview any clients and employees of the provider to a ssure the County of satisfactory performance of the terms and conditions of this contract.

Following such evaluation, the County will deliver to the provider a written report of its findings and will include written recommendations with regard to the provider's performance of the terms and conditions of this contract. The provider will correct all noted deficiencies identified by the County within the specified period of time set forth in the recommendations. The provider's failure to correct noted deficiencies may, at the sole and exclusive discretion of the County, result in any one or any combination of the following: (1) the provider being deemed in breach or default of this contract; (2) the withholding of payments to the provider by the County; and (3) the termination of this contract for cause.

V. Local Preference in Purchasing and Contracting

1. In purchasing of, or letting of contracts for procurement of, personal property, materials, contractual services, and construction of improvements to real property or existing structures for which a request for proposals is developed with evaluation criteria, a local preference of not more than five percent (5%) of the total score shall be assigned for a local preference for local businesses. Vendors are directed to the evaluation criteria contained herein to be aware of any local preference points to be assigned for this request for proposals.

2. Local business definition. For purposes of this section, a local business shall mean a business which:

a) Has had a fixed office or distribution point located in and having a street address within Leon County for at least six (6) mont hs immediately prior to the issuance of the request for competitive bids or request for proposals by the County; and

b) Holds any business license required by the County, and, if applicable, the City of Tallahassee; and

c) Employs at least one (1) full time employee, or two (2) part time employees whose primary residence is in Leon County, or, if the business has no employees, the business shall be at least fifty percent (50%) owned by one or more persons whose primary residence is in Leon County.

3. Certification. Any vendor claiming to be a local business as defined, shall so certify in writing to the Purchasing Division. The certification shall provide all necessary information to meet the requirements of above. The Local Vendor Certification Form is enclosed. The purchasing agent shall not be required to verify the accuracy of any such certifications, and shall have the sole discretion to determine if a vendor meets the definition of a "local business."

W. Addenda To Specifications

If any addenda are issued after the initial specificat ions are released, the County will post the addenda on the Leon County website at http://www.co.leon.fl.us/purchasing/ . For those projects with separate plans, blueprints, or other materials that cannot be accessed through the Internet, the Purchasing Division will make a good faith effort to ensure that all registered bidders (those vendors who have been registered as receiving a bid package) receive the

RFP Title: Request for Proposals for Consultant Services for Conduct of a Study on the Establishment of a Women's Health Center
Proposal Number: BC-07-07-04-69
Opening Date: Wednesday, July 7, 2004 at 2:00 PM

documents. It is the responsibility of the vendor prior to submission of any proposal to check the above website or contact the Leon County Purchasing Division at (850) 488-6949 to verify any addenda issued. The receipt of all addenda must be acknowledged on the response sheet.

III. SCOPE OF SERVICES:

A. Background

The Board at its December 2003 Planning Retreat established as one of its ten priorities for the year the evaluation of the need for a women's health care center at the Bond Community Clinic. The Board recognizes concerns and endeavors to close the potential gap of the health care delivery system to citizens who may be under served. Recent studies indicate that women make greater use of the health care system than men and their utilizations patterns are more complex. Health care organizations serving women include both public and private entities, with some women using a combination of both. Consequently, it is highly probable that care is uncoordinated, with both redundancy of care and gaps in scope of services. Many women do not have access to the type of "primary care" that is comprehensive, coordinated, and based on a sustained partnership between patient and provider for themselves or their children. Women and children who are uninsured, indigent, residing in medically under served areas are particularly vulnerable.

B. Tasks:

1. Assess the need for a Women's Health Care Center for uninsured and medically under served citizens coordinated through Bond Community Health Center, Inc. serving the Southside of Leon County Florida. It is expected that women and children will be served. The evaluation shall be data driven, utilizing existing county, state and federal data as appropriate.

2. The establishment of Women's and Children's health care service centers is a relatively new occurrance in the healthcare field. Identify and analyze standards, benchmarks and other salient factors or measures used by others as a basis for the establishment of Women's Health Care Centers.

3. Develop and execute a strategy, complete with planned actions and time lines, for broad public involvement and participation. The plan should include opportunities for public input, including public meetings with the Board of Bond Community Health Center and other interested community groups, polling of potential users, interviews with key Leon County health care officials, college officials, administrators, patients, providers, and others to assure wide community input and identification of stakeholders needs.

4. Identify possible partnerships with colleges, hospitals, physicians, and other human service organizations to include existing relationships.

5. Identify specific women's and children's services to be provided with recommended implementation schedule.

6. Identify best site and/or health care providers best situated to deliver continuum of women's and children's health care services at or near Bond Community Health Center. Transportation access to service delivery site(s) shall be given strong consideration.

7. Determine funding needs according to service phase in schedule, including site preparation cost, equipment cost, cost of provider services and such other cost as

necessary and appropriate.

8. Determine funding sources that will support the implementation of a women's health center.

C. **Deliverables:**

The Consultant shall provide a written report that evaluates the need for a women's and children's health care center at Bond Communi ty Health Clinic. The consultant shall completely analyze all pertinent factors involved in the establishment of a women and children's health services center and based on study evaluation and findings make a recommendation(s) of the need for the establishment of a Leon County Women's Health Services Center. It is expected that the report will be data driven and shall include analysis, findings and summaries and recommendations of each of the tasks listed above, and shall include such other information as determined by consultant.

Contractor shall provide fifteen (15) original s in color to the Leon County Division of Health and Human Services, 918 Rail Road Avenue, Tallahassee, Florida 32310 in paper format and (1) compact disc copy.

D. **Data Elements**

The following data elements should be examined, at a minimum. Such additional data elements judged to be of value may be added:

1. Leon County, Florida, by Zip Code;
2. Leon County, Florida by Zip Code located within the Census Tracts served by Bond Community Health Center
3. Leon County, Florida Zip Code areas shall also be designated with names representing the general geographic areas of Bond, Capitola, etc.
4. 2000 population
5. Population Growth 1990-2000
6. Median Age as of 2000
7. Percent Female as of 2000
8. Percent children to age 19 as of 2000
9. Percent Female, aged 10-60, as of 2000
10. Unemployment rate as of 2000
11. Percent High School Graduate as of 2000
12. Percent of Female Headed Households as of 2000
13. Percent of Low Birth Weights as of 2000 (under 2500 and 1500 grams)
14. Percent of Teen Birth (10-17) as of 2000
15. Rate/1000 of Infant Mortality (0-30 Days) as of 2000
16. Rate/1000 of Infant Mortality (through 365 days) as of 2001
17. Total Death Rates (per 100,000)
    a. Motor Vehicle Crashes
    b. Work-related Injuries
    c. Suicide
    d. Homicide
    e. Lung Cancer
    f. Breast Cancer
    g. Cardiovascular Diseases
    h. GYN related Cancers
    i. Kindergarten Immunizations Levels
    j. Enteric disease rate per 1,000 per in children under six (6)
    k. Diabetes rates

l. Late entry into Prenatal Care
m. Coronary heart disease

18. Infectious Diseases Incidence rates (per 100,000)
    a. AIDs
    b. HIV
    c. Tuberculosis
    d. Syphilis
    e. Gonorrhea
    f. Chlamydia
    g. Herpes
19. Percentage of obese adults
20. Percentage of obese children
21. Median Household income
22. Percent of children on free or reduced fee lunch program
23. Additional Data of Value

E. **Suggested Data Sources:**

The following data sources are suggested for this study: US Census Bureau, Center for Disease Control, US Department of Health and Human Services' *Healthy People 2010* , National Women's Law Center's *Report Card on Women's Health*, State of Florida Vital Statistics, Florida Department of Health, US Department of Commerce, US Department of Education, US EPA, Leon County Health Department's *Comprehensive Assessment for Tracking Community Health: Leon County*, the Florida Agency for Health Care Administration, and such other state and/or federal data bases as may be appropriate.

F. **Report format for statistical data**

The statistical data should be arrayed by Leon County Zip Code according to the numerical sequence in *Minimum Data Requirements*. *Each Zip Code area shall be ranked 1 to X, with 1* = being the higher number, according to the following format:

1. Population Growth
2. Unemployment
3. HS Grads
4. Female Head of Household
5. Low Birth Weight
6. Teen Births
7. Rate/1000 of Neonatal Mortality
8. Rate/1000 of Infant Mortality
9. Total Death Rates (per 100,000)
    a. Motor Vehicle Crashes
    b. Work-Related Injuries
    c. Suicide
    d. Homicide
    e. Lung Cancer
    f. Breast Cancer
    g. Cardiovascular Diseases
    h. GYN related Cancers
    i. Kindergarten Immunization Levels
    j. Enteric disease rate per 1000 in children under six (6)
    k. Diabetes rates
    l Late entry into Prenatal Care
    m. Coronary Heart diseases

RFP Title: Request for Proposals for Consultant Services for Conduct of a Study on the Establishment of a Women's Health Center
Proposal Number: BC-07-07-04-50
Opening Date: Wednesday, July 7, 2004 at 2:00 PM

10. Infectious Diseases Incidence Rates
    a. AIDs
    b. HIV
    c. Tuberculosis
    d. Syphilis
    e. Gonorrhea
    f. Chlamydia
    g. Herpes
11. Percentage of Obese adults and children
12. Medial Household Income
13. Percent of children on free or reduced fee lunch program
14. Total of values for Zip Code Area

G. **Data Elements in Graph form**

The following data elements will also be displayed in graph form by Zip Code, a rate for the United States of America and a rate for the State of Florida. Rates for the USA and State of Florida should appear in a red color.

1. Percent of Female Headed Households
2. Unemployment Rate
3. Percentage of High School Graduates
4. Percentage of Low Birth Weight
5. Teen Births
6. Infant Mortality
7. Deaths by Lung Cancer
8. Deaths by Breast Cancer
9. Deaths by Cardiovascular Disease
10. AIDs Infection Rates
11. HIV Infection Rates
12. Percentage of Obese Adults
13. Median Household Incomes

IV. REQUIRED SUBMITTALS:

A. Firm name or Joint Venture, business address and office location, telephone number.

B. If a joint venture, list participating firms and out line specific areas of responsibility (including administrative, technical, and financial) of each firm.

C. Address of the office that is to perform the work.

D. Federal Identification Tax Number or Social Security Number.

E. The age of the firm, brief history, and average number of employees over the past five years.

F. Present size of firm, nature of services offered, and list of staff to be assigned by discipline.

G. Names and descriptions of major projects for which the firm is presently under contract.

H. If a joint venture, has this joint venture previously worked together? If yes, what projects? A copy of the joint venture agreement should be provided, if available at this time. If the joint venture agreement is not available at this time, then the selection of the firm will be subject to the County receiving and approving the joint venture agreement, prior to negotiating the contract.

RFP Title: Request for Proposals for Consultant Services for Conduct of a Study on the Establishment of a Women's Health Center
Proposal Number: BC-07-07-04-60
Opening Date: Wednesday, July 7, 2004 at 2:00 PM

I. List any outside consultants anticipated to be used on this project. When listing consultants, give the respective specialty of the firm.

J. Give brief resume of key persons to be assigned to the project including but, not limited to:

1) Name & title
2) Job assignment for other projects
3) Percentage of time to be assigned full time
4) How many years with this firm
5) How many years with other firms
6) Experience
   a) Types of projects
   b) Scope of projects
   c) What was the specific project involvement?
7) Education
8) Active registration
9) Other experience and qualifications that are relevant to this project

K. List similar projects which best illustrate the experience of the firm and current staff which is being assigned to this project. (List no more than 5 projects, nor projects which were completed more than three (3) years ago.)

1) Name and location of the project
2) The nature of the firm's responsibility on this project
3) Name, address, and phone number of contact person that project was done for
4) Date project was completed or is anticipated to be completed
5) Fee for this project
7) Your project manager and other key professionals involved and specify the role of each

L. Describe how you would approach this project and outline the specific services to be provided. Describe clearly and concisely the tasks and activities that you will perform. Develop a chart showing the overall sequence of events and time frame for this project.

M. Provide participation information and acknowledgment of the Leon County Minority/Women Business Enterprise and Equal Employment Policies (forms attached).

V. SELECTION PROCESS

A. The County Administrator shall appoint an Evaluation Committee composed of three to five members who will review all proposals received on time, and select one or more firms for interview based on the responses of each proposer. All meetings of Evaluation Committees subsequent to the opening of the solicitation shall be public meetings. Notice of all meetings shall be posted in the Purchasing Division Offices no less than 72 hours (excluding weekends and holidays) and all respondents to the solicitation shall be notified by facsimile or telephone.

B. The Evaluation Committee will recommend to the Board of County Commissioners (BCC), in order of preference (ranking), up to three (3) firms deemed to be most highly qualified to perform the requested services.

C. The (BCC) will negotiate with the most qualified firm (first ranked firm) for the proposed services at compensation which the BCC determines is fair, competitive, and reasonable for said services.

D. Should the BCC be unable to negotiate a satisfactory contract with the firm considered to be fair, competitive and reasonable, negotiations with that firm shall be formally terminated. The

RFP Title: Request for Proposals for Consultant Services for Conduct of a Study on the Establishment of a Women's Health Center
Proposal Number: BC-07-07-04-60
Opening Date: Wednesday, July 7, 2004 at 2:00 PM

County shall then undertake negotiations with the second most qualified firm. Failing accord with the second most qualified firm the Board shall terminate negotiations. The BCC representative shall then undertake negotiations with the third most qualified firm.

E. Should the County be unable to negotiate a satisfactory contract with any of the selected firms, the Board representative shall select additional firms to continue negotiations.

F. Evaluation Criteria: Proposals will be evaluated and ranked on the basis of the following considerations:

Quality of Response to the Scope of Services	35 points
Experience of Vendor, its Staff, and Consultants	30 points
Vitality of the Vendor (Financial standing, reputation, and ability to take on more work)	15 points
Local Reference	5 points
MWBE Participation	10 points
Volume of BCC Work	5 points
Total	**100 points**

F. The volume of BCC work criteria shall be based upon the dollar value of payments made by Leon County to each contractor for the prior two year period. Points shall be assigned based on the volume levels in the following chart:

Dollar Volume	Points
$0 - $50,000	4
$50,001 - $100,000	3
$100,001 - $200,000	3
$200,001 - $300,000	2
$300,001 - $600,000	1
More than $600,000	0

VI. INDEMNIFICATIONS:

The Contractor agrees to indemnify and hold her mless the County from all claims, damages, liabilities, or suits of any nature whatsoever arising out of, because of, or due to the breach of this agreement by the Contractor, its delegates, agents or employees, or due to any act or occurrence of omission or commission of the Contractor, including but not limited to costs and a reasonable attorney's fee. The County may, at its sole option, defend itself or allow the Contractor to provide the defense. The Contractor acknowledges that ten dollars ($10.00) of the amount paid to the Contractor is sufficient consideration for t he Contractor's indemnification of the County.

The Firm shall be liable to the County for any reasonable costs incurred by it to correct, modify, or redesign any portion of the project previously revi ewed by the Firm that is found to be defective or not in accordance with the Contract Document and provisions of this agreement as a result of negligent act, error or omission on the part of the Firm, its agents, servants, or employees. The Firm shall be given a reasonable opportunity to correct any deficiencies.

Attachment # 2
Page 14 of 28

RFP Title: Request for Proposals for Consultant Services for Conduct of a Study on the Establishment of a Women's Health Center
Proposal Number: BC-07-07-04-50
Opening Date: Wednesday, July 7, 2004 at 2:00 PM

VII. MINORITY/WOMEN BUSINESS ENTERP RISE AND EQUAL OPPORTUNITY POLICIES

A. Minority/Women Business Enterprise Requirements

It is the policy of the Leon County Board of County Commissioners to institute and maintain an effective Minority/Women Business Enterprise Program. This program shall:

1. Eliminate any policies and/or procedural barriers that inhibit M/WBE participation in our procurement process.
2. Established goals designed to increase M/WBE utilization.
3. Provide increased levels of information and assistance available to M/WBEs.
4. Implement mechanisms and procedures for monitoring M/WBE compliance by prime contractors.

Each vendor is strongly encouraged to secure M/WBE participation through purchase of those goods or services to be provided by others. Firms responding to this RFP are hereby made aware of the County's goals for M/WBE util lzation. Respondents should contact Agatha Muse-Salters, Leon County M/WBE Director, at phone (850) 488-7509; fax (850) 487-0928 for additional information. Respondents must complete and submit the attached Minority/Women Business Enterprise Participation Plan form. Failure to submit the form will result in a determination of non-responsiveness for your proposal.

DRAFT

As a part of the selection process for this project, the ranking procedure will provide a maximum of ten (10) percent of the total score where M/WBE status used as follows:

M/WBE Participation Level	Points
_____ The respondent is certified as a Minority/Woman Business Firm with Leon County, as defined in the County's M/WBE policy.	10
_____ The respondent is a joint venture of two or more firms/individuals with a minimum participation in the joint venture of at least 20% by certified minority/women business firms/individuals.	8
_____ The respondent has certified that a minimum of 15.5% of the ultimate fee will be subcontracted to certified M/WBE Firm(s), and has identified in the proposal the M/WBE Firm(s) that it intends to use.	6

B. Equal Opportunity/Affirmative Action Requirements

The contractors and all subcontractors shall agree to a commitment to the principles and practices of equal opportunity in employment and to comply with the letter and spirit of federal, state, and local laws and regulations prohibiting discrimination based on race, color, religion, national region, sex, age, handicap, marital status, and political affiliation or belief.

For federally funded projects, in addition to the above, the contractor shall agree to comply with Executive Order 11246, as amended, and to comply with specific affirmative action obligations contained therein.

RFP Title: Request for Proposals for Consultant Services for Conduct of a Study on the Establishment of a Women's Health Center
Proposal Number: BC-07-07-04-50
Opening Date: Wednesday, July 7, 2004 at 2:00 PM

In addition to completing the Equal Opportunity Statement, the Respondent shall include a copy of any affirmative action or equal opportunity policies in effect at the time of submission.

VIII. INSURANCE

Your attention is directed to the insurance requirements below. Respondents should confer with their respective insurance carriers or brokers to determine in advance of proposal submission the availability of insurance certificates and endorsements as prescribed and provided herein. If a respondent fails to comply strictly with the insurance requirements, that respondent may be disqualified from award of the contract.

Contractor shall procure and maintain for the duration of the contract insurance against claims for injuries to persons or damages to property which may arise from or in connection with the performance of the work hereunder by the Contractor, his agents, representatives, employees or subcontractors. The cost of such insurance shall be included in the Contractor's bid.

1. Minimum Limits of Insurance. Contractor shall maintain limits no less than:

   a. General Liability: $1,000,000 combined single limit per occurrence for bodily injury, personal injury and property damage. If Commercial General Liability Insurance or other form with a general aggregate limit is used, either the general aggregate limit shall apply separately to this project/location or the general aggregate limit shall be twice the required occurrence limit.

   b. Automobile Liability: $1,000,000 combined single limit per accident for bodily injury and property damage (Non-owned, Hired Car)

   c. Workers' Compensation and Employers' Liability: Insurance covering all employees meeting Statutory Limits in compliance with the applicable state and federal laws and Employer's Liability with a limit of $500,000 per accident, $500,000 disease policy limit, $500,000 disease each employee. Waiver of Subrogation in lieu of Additional Insured is required.

2. Deductibles and Self-Insured Retentions

   Any deductibles or self-insured retentions must be declared to and approved by the County. At the option of the County, either: the insurer shall reduce or eliminate such deductibles or self-insured retentions as respects the County, its officers, officials, employees and volunteers; or the Contractor shall procure a bond guaranteeing payment of losses and related investigations, claim administration and defense expenses.

3. Other Insurance Provisions The policies are to contain, or be endorsed to contain, the following provisions:

   a. General Liability and Automobile Liability Coverages (County is to be named as Additional Insured).

      1. The County, its officers, officials, employees and volunteers are to be covered as insureds as respects; liability arising out of activities performed by or on behalf of the Contractor, including the insured's general supervision of the Contractor; products and completed operations of the Contractor; premises owned, occupied or used by the Contractor; or automobiles owned, leased, hired or borrowed by the Contractor. The coverage shall contain no special limitations on the scope of protections afforded the County, its officers, officials, employees or volunteers.

2. The Contractor's insurance coverage shall be primary insurance as respects the County, it officers, officials, employees and volunteers. Any insurance of self-insurance maintained by the County, its officers, officials, employees or volunteers shall be excess of the Contractor's insurance and shall not contribute with it.

3. Any failure to comply with reporting provisions of the policies shall not affect coverage provided to the county, its officers, officials, employees or volunteers.

4. The Contractor's insurance shall apply separately to each insured against whom claims is made or suit is brought, except with respect to the limits of the insurer's liability.

b. All Coverages

Each insurance policy required by this clause shall be endorsed to state that coverage shall not be suspended, voided, canceled by either party, reduced in coverage or in limits except after thirty (30) days' prior wr itten notice by certified mail, return receipt requested, has been given to the County.

4. Acceptability of Insurers. Insurance is to be placed with insurers with a Best's rating of no less than A:VII.

5. Verification of Coverage. Contractor shall furnish the County with certificates of insurance and with original endorsements effecting coverage required by this clause. The certificates and endorsements for each insurance policy are to be signed by a person authorized by that insurer to bind coverage on its behalf. All certificates and endorsements are to be received and approved by the County before work commences. The County reserves the right to require complete, certified copies of all required insurance policies at any time. Certificates of insurance acceptable to the County shall be f iled with the County prior to the commencement of the work. These policies described above, and any certificates shall specifically name the County as an additional insured and shall contain a provision that coverage afforded under the policies will not be canceled until at least thirty (30) days prior to written notice has been given to the County.

Cancellation clauses for each pol icy should read as follows: *Should any of the above described policies be canceled before the expiration date thereof, the issuing company will mail thirty (30) days written notice to the Certificate Holder named herein.*

6. Subcontractors. Contractors shall include all subcontractors as insureds under its policies or shall furnish seperate certificates and endorsements for each subcontractor. All coverages for subcontractors shall be subject to all of the requirements stated herein.

IX. ETHICAL BUSINESS PRACTICES

A. Gratuities. It shall be unethical for any person to offer, give, or agree to give any County employee, or for any County employee to solicit, demand, accept, or agree to accept from another person, a gratuity or an offer of employment in connection with any decision, approval, disapproval, recommendation, or preparation of any part of a program requirement or a purchase request, influencing the content of any specification or procurement standard, rendering of advice, investigation, auditing, or performing in any other advisory capacity in any proceeding or application, request for ruling, determination, claim or controversy, or other particular matter, subcontract, or to any solicitation or proposal therefor.

RFP Title: Request for Proposals for Consultant Services for Conduct of a Study on the Establishment of a Women's Health Center
Proposal Number: BC-07-07-04-60
Opening Date: Wednesday, July 7, 2004 at 2:00 PM

B. Kickbacks. It shall be unethical for any payment, grat uity, or offer of employment to be made by or on behalf of a subcontractor under a contract to the prime contractor or higher tier subcontractor or any person associated therewith, as an inducement for the award of a subcontract or order.

C. The Board reserves the right to deny award or immediately suspend any contract resulting from this proposal pending final determination of charges of unethical business practices. At its sole discretion, the Board may deny award or cancel the contract if it determines that unethical business practices were involved.

RFP Title: Request for Proposals for Consultant Services for Conduct of a Study on the Establishment of a Women's Health Center
Proposal Number: BC-07-07-04-60
Opening Date: Wednesday, July 7, 2004 at 2:00 PM

PROPOSAL RESPONSE COVER SHEET

This page is to be completed and included as the cover sheet for your response to the Request for Proposals.

The Board of County Commissioners, Leon County, reserves the right to accept or reject any and/or all responses in the best interest of Leon County.

Keith M. Roberts, Purchasing Director

Jane G. Sauls, Chairman
Leon County Board of County Commissioners

This bid response is submitted by the below named firm/individual by the undersigned authorized representative.

_____
(Firm Name)

BY _____
(Authorized Representative)

_____
(Printed or Typed Name)

ADDRESS _____

_____

CITY, STATE, ZIP _____

TELEPHONE _____

FAX _____

ADDENDA ACKNOWLEDGMENTS: (IF APPLICABLE)

Addendum #1 dated _____ Initials ____

Addendum #2 dated _____ Initials ____

Addendum #3 dated _____ Initials ____

RFP Title: Request for Proposals for Consultant Services for Conduct of a Study on the Establishment of a Women's Health Center
Proposal Number: BC-07-07-04-60
Opening Date: Wednesday, July 7, 2004 at 2:00 PM

STATEMENT OF NO BID

We, the undersigned, have declined to respond to the above referenced RFP for the following reasons:

_____ We do not offer this service

_____ Our schedule would not permit us to perform.

_____ Unable to meet specifications

_____ Others (Please Explain)

_____

_____

_____

_____

We understand that if the no-bid letter is not executed and returned, our name may be deleted from the list of qualified bidders for Leon County.

Company Name _____

Signature _____

Name (Print/Type) _____

Telephone No. _____

FAX No. _____

RFP Title: Request for Proposals for Consultant Services for Conduct of a Study on the Establishment of a Women's Health Center
Proposal Number: BC-07-07-04-50
Opening Date: Wednesday, July 7, 2004 at 2:00 PM

SWORN STATEMENT UNDER SECTION 287.133(3)(a), FLORIDA STATUTES, ON PUBLIC ENTITY CRIMES

THIS FORM MUST BE SIGNED AND SWORN TO IN THE PRESENCE OF A NOTARY PUBLIC OR OTHER OFFICIAL AUTHORIZED TO ADMINISTER OATHS.

1. This sworn statement is submitted to Leon County Board of County Commissioners

   by_____
   [print individual's name and title]

   for_____
   [print name of entity submitting sworn statement]

   whose business address is: _____

   _____

   and (if applicable) its Federal Employer Identification Number (FEIN) is _____.
   (If the entity has no FEIN, include the Social Security Number of the individual signing this sworn

   statement: _____).

2. I understand that a "public entity crime" as defined in Paragraph 287.133(1)(e), Florida Statutes, means a violation of any state or federal law by a person with respect to and directly related to the transaction of business with any public entity or with an agency or political subdivision of any other state or of the United States, including, but not limited to, any bid or contract for goods or services to be provided to any public entity or an agency or political subdivision of any other state or of the United States and involving antitrust, fraud, theft, bribery, collusion, racketeering, conspiracy, or material misrepresentation.

3. I understand that "convicted" or "conviction" as defined in Paragraph 287.133(1)(b), Florida Statutes, means a finding of guilt or a conviction of a public entity crime, with or without an adjudication of guilt, in any federal or state trial court of record relating to charges brought by indictment or information after July 1, 1989, as a result of a jury verdict, non-jury trial, or entry of a plea of guilty or nolo contendere.

4. I understand that an "affiliate" as defined in Paragraph 287.133(1)(a), Florida Statutes, means:

   a. A predecessor or successor of a person convicted of a public entity crime: or
   b. An entity under the control of any natural person who is active in the management of the entity and who has been convicted of a public entity crime. The term "affiliate" includes those officers, directors, executives, partners, shareholders, employees, members, and agents who are active in the management of an affiliate. The ownership by one person of shares constituting a controlling interest in another person, or a pooling of equipment or income among persons when not for fair market value under an arm's length agreement, shall be a prima facie case that one person controls another person. A person who knowingly enters into a joint venture with a person who has been convicted of a public entity crime in Florida during the preceding 36 months shall be considered an affiliate.

5. I understand that a "person" as defined in Paragraph 287.133(1)(e), Florida Statutes, means any natural person or entity organized under the laws of any state or of the United States with the legal power to enter into a binding contract and which bids or applies to bid on contracts for the provision of goods or services let by a public entity, or which otherwise transacts or applies to transact

Attachment # 2
Page 21 of 28

business with a public entity. The term "person" includes those officers, directors, executives, partners, shareholders, employees, members, and agents who are active in management of an entity.

6. Based on information and belief, the statement which I have marked below is true in relation to the entity submitting this sworn statement. [Indicate which statement applies.]

_____ Neither the entity submitting this sworn statement, nor any of its officers, directors, executives, partners, shareholders, employees, members, or agents who are active in management of the entity, nor any affiliate of the entity has been charged with and convicted of a public entity crime subsequent to July 1, 1989.

_____ The entity submitting this sworn statement, or one or more of its officers, directors, executives, partners, shareholders, employees, members, or agents who are active in management of the entity, or an affiliate of the entity has been charged with and convicted of a public entity crime subsequent to July 1, 1989.

_____ The entity submitting this sworn statement, or one or more of its officers, directors, executives, partners, shareholders, employees, members, or agents who are active in management of the entity, or an affiliate of the entity has been charged with and convicted of a public entity crime subsequent to July 1, 1989. However there has been a subsequent proceeding before a hearing a Hear ing Officer of the State of Florida, Division of Administrative Hearings and the Final Order entered by the Hearing Officer determined that it was not in the public interest to place the entity submitting this sworn statement on the convicted vendor list. [Attach a copy of the final order.]

I UNDERSTAND THAT THE SUBMISSION OF THIS FORM TO THE CONTRACTING OFFICER FOR THE PUBLIC ENTITY IDENTIFIED IN PARAGRAP H 1 (ONE) ABOVE IS FOR THAT PUBLIC ENTITY ONLY AND, THAT THIS FORM IS VALID THROUGH DECEMBER 31 OF THE CALENDAR YEAR IN WHICH IT IS FILED. I ALSO UNDERSTAND THAT I AM REQUIRED TO INFORM THE PUBLIC ENTITY PRIOR TO ENTERING INTO A CONTRACT IN EXCESS OF THE THRESHOLD AMOUNT PROVIDED IN SECTION 287.017, FLORIDA STATUTES, FOR CATEGORY TWO OF ANY CHANGE IN THE INFORMATION CONTAINED IN THIS FORM.

_____
(signature)

Sworn to and subscribed before me this _____ day of _____, 20___.

Personally known _____ OR Produced Identification _____
(Type of Identification)

_____
NOTARY PUBLIC

Notary Public - State of _____

My commission expires: _____

_____
Printed, typed, or stamped commissioned name of notary public

Form PUR 7068 (Rev 06/11/92)

Attachment # 2
Page 22 of 28

MINORITY/WOMEN BUSINESS ENTERPRISE PARTICIPATION PLAN

RESPONDE NT_____

MBE Participation Levels		Points
_____	The respondent is certified as a Minority/Women Business Firm with Leon County, as defined in the County's M/WBE policy.	10
_____	The respondent is a joint venture of two or more firms/individuals with a minimum participation in the joint venture of at least 20% by certified minority/women business firms/individuals.	8
_____	The respondent has certified that a minimum of 15.5% of the ultimate fee will be subcontracted to certified M/WBE Firm(s), and has identified in the proposal the M/WBE Firm(s) that it intends to use.	6

M/WBE firms and subcontractors must be certified by the City of Tallahassee or Leon County to qualify for M/WBE participation credit. Please provide the follo wing information for each M/WBE. Please indicate minority groups by using the corresponding letters: Af rican American (B), Asian American (A), Hispanic American (H), Native American (N) and Non Minority Female (F). You must submit proof of certification with your proposal. Attach additional sheets as necessary.

Name, Address, and Phone	Materials/Services	Amount	Group
_____	_____	_____	_____
_____	_____		
_____	_____		
_____	_____	_____	_____
_____	_____		
_____	_____		
_____	_____	_____	_____
_____	_____		
_____	_____		

Total Value of M/WBE Participation: $_____
Total Project Base Bid: $_____
M/WBE Participation as % of Total Base Bid: _____%

The vendor acknowledges the Leon County M/WBE policy and the provisions specified for this RFP. If applicable, vendor certifies that the above list of minority vendors and the respective contract amounts and percentages of the total bid are accurate.

Signed: _____ Title: _____ Date_____

RFP Title: Request for Proposals for Consultant Services for Conduct of a Study on the Establishment of a Women's Health Center
Proposal Number: BC-07-07-04-60
Opening Date: Wednesday, July 7, 2004 at 2:00 PM

EQUAL OPPORTUNITY/AFFIRM ATIVE ACTION STATEMENT

1. The contractors and all subcontractors hereby agree to a commitment to the principles and practices of equal opportunity in employment and to comply with the letter and spirit of federal, state, and local laws and regulations prohibiting discrimination based on race, color, religion, national region, sex, age, handicap, marital status, and political affiliation or belief.

2. The contractor agrees to comply with Executive Order 11246, as amended, and to comply with specific affirmative action obligations contained therein.

Signed: _____

Title: _____

Firm: _____

Address: _____

_____

RFP Title: Request for Proposals for Consultant Services for Conduct of a Study on the Establishment of a Women's Health Center
Proposal Number: BC-07-07-04-60
Opening Date: Wednesday, July 7, 2004 at 2:00 PM

INSURANCE CERTIFICATION FORM

To indicate that Bidder/Respondent understands and is able to comply with the required insurance, as stated in the bid/RFP document, Bidder/Respondent shall submit this insurances sign-off form, signed by the company Risk Manager or authorized manager with risk authority.

A. Is/are the insurer(s) to be used for all required insurance (except Workers' Compensation) listed by Best with a rating of no less than A:VII?

9 YES 9 NO

Commercial General Liability:	Indicate Best Rating:	_____
	Indicate Best Financial Classification:	_____
Business Auto:	Indicate Best Rating:	_____
	Indicate Best Financial Classification:	_____
Professional Liability:	Indicate Best Rating:	_____
	Indicate Best Financial Classification:	_____

1. Is the insurer to be used for Workers' Compensation insurance listed by Best with a rating of no less than A:VII?

9 YES 9 NO

Indicate Best Rating: _____
Indicate Best Financial Classification: _____

If answer is NO, provide name and address of insurer:

_____

_____

_____

2. Is the Respondent able to obtain insurance in the following limits (next page) for this professional services agreement?

9 YES 9 NO

Insurance will be placed with Florida admitted insurers unless otherwise accepted by Leon County. Insurers will have A.M. Best ratings of no less than A:VII unless otherwise accepted by Leon County.

Required Coverage and Limits

The required types and limits of coverage for this bid/request for proposals are contained within the solicitation package. Be sure to carefully review and ascertain that bidder/proposer either has coverage or will place coverage at these or higher levels.

Attachment # 2
Page 25 of 28

RFP Title: Request for Proposals for Consultant Services for Conduct of a Study on the Establishment of a Women's Health Center
Proposal Number: BC-07-07-04-68
Opening Date: Wednesday, July 7, 2004 at 2:00 PM

Required Policy Endorsements and Documentation

Certificate of Insurance will be provided evidenc ing placement of each insurance policy responding to requirements of the contract.

Deductibles and Self-Insured Retentions

Any deductibles or self-insured retentions must be dec lared to and approved by the County. At the option of the County, either: the insurer shall reduce or e liminate such deductibles or self-insured retentions as respects the County, its officers, officials, employ ees and volunteers; or the Contractor shall procure a bond guaranteeing payment of losses and related investigations, claim administration and defense expenses.

Endorsements to insurance policies will be provided as follows:

Additional Insured (Leon County, Florida, its Officers, employees and volunteers) - General Liability & Automobile Liability

Primary and not contributing coverage - General Liability & Automobile Liability

Waiver of Subrogation (Leon County, Florida, its officers, employees and volunteers)- General Liability, Automobile Liability, Workers' Compensation and Employer's Liability

Thirty day advance written notice of cancellation to County - General Liability, Automobile Liability, Worker's Compensation & Employers Liability

Professional Liability Policy Declaration sheet as well as Claims procedures for each applicable policy to be provided.

DRAFT

Please mark the appropriate box:

Coverage is in place 9 Coverage will be placed, without exception 9

The undersigned declares under penalty of perjury that all of the above insurer information is true and correct.

Name _____ Signature _____
Typed or Printed

Date _____ Title _____
(Company Risk Manager or Manager with Risk Authority)

Attachment # 2
Page 26 of 26

RFP Title: Request for Proposals for Consultant Services for Conduct of a Study on the Establishment of a Women's Health Center
Proposal Number: BC-07-07-04-50
Opening Date: Wednesday, July 7, 2004 at 2:00 PM

CERTIFICATION REGARDING DEBARMENT, SUSPENSION, And OTHER RESPONSIBILITY MATTERS PRIMARY COVERED TRANSACTIONS

1. The prospective primary participant certifies to the best of its knowledge and belief, that it and its principals:

   a) Are not presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded from covered transactions by any Federal department or agency;

   b) Have not within a three-year period preceding this bean convicted of or had a civil judgement rendered against them for commission of fraud or a criminal offense in connection with obtaining, attempting to obtain, or performing a public (Federal, State or local) transaction or contract under a public transaction; violation of Federal or State antitrust statues or commission of embezzlement, theft, forgery, bribery, falsification or destruction of records, making false statements, or receiving stolen property;

   c) Are not presently indicted for or otherwise crim inally or civilly charged by a governmental entity (Federal, State or local) with commission of any of these offenses enumerated in paragraph (1)(b) of this certification; and

   d) Have not within a three-year period preceding this application/proposal had one or more public transactions (Federal, State or local) terminated for cause or default.

2. Where the prospective primary participant is unable to certify to any of the statements in this certification, such prospective participant shall attach an explanation to this proposal.

3. No subcontract will be issued for this project to any party which is debarred or suspended from eligibility to receive federally funded contracts.

DRAFT

Signature

Title

Contractor/Firm

Address

Attachment # 2
Page 27 of 28

LOCAL VENDOR CERTIFICATION

The undersigned, as a duly authorized representative of the vendor listed herein, certifies to the best of his/her knowledge and belief, that the vendor meets the definition of a "Local Business." For purposes of this section, "local business" shall mean a business which:

a) Has had a fixed office or distribution point located in and having a street address within Leon County for at least six (6) months immediately prior to the issuance of the request for competitive bids or request for proposals by the County; and
b) Holds any business license required by the County, and, if applicable, the City of Tallahassee (please attach copies); and
c) Employs at least one (1) full time employee, or two (2) part time employees whose primary residence is in Leon County, or, if the business has no employees, the business shall be at least fifty per cent (50%) owned by one or more persons whose primary residence is in Leon County.

Please complete the following in support of the self-certification and submit copies of your County and City business licenses. Failure to provide the information requested will result in denial of certification as a local business.

Business Name:	Phone:
Current Local Address:	Fax:
If the above address has been for less than six months, please provide the prior address. Length of time at this address	
Number of Employees and hours worked per week by each:	

Name and Address of Owner(s) who reside in Leon County and who in total own at least 50% or more of the business. Attach additional sheets as necessary.	Percentage of Ownership
1.	
2.	

_____ _____
Signature of Authorized Representative Date

STATE OF _____
COUNTY OF _____

The foregoing instrument was acknowledged before me this _____ day of _____, 20___.
By _____, of _____
(Name of officer or agent, title of officer or agent) (Name of corporation acknowledging)
a _____ corporation, on behalf of the corporation. He/she is personally known to me
(State or place of incorporation)
or has produced _____ as identification.
(type of identification)

_____
Signature of Notary

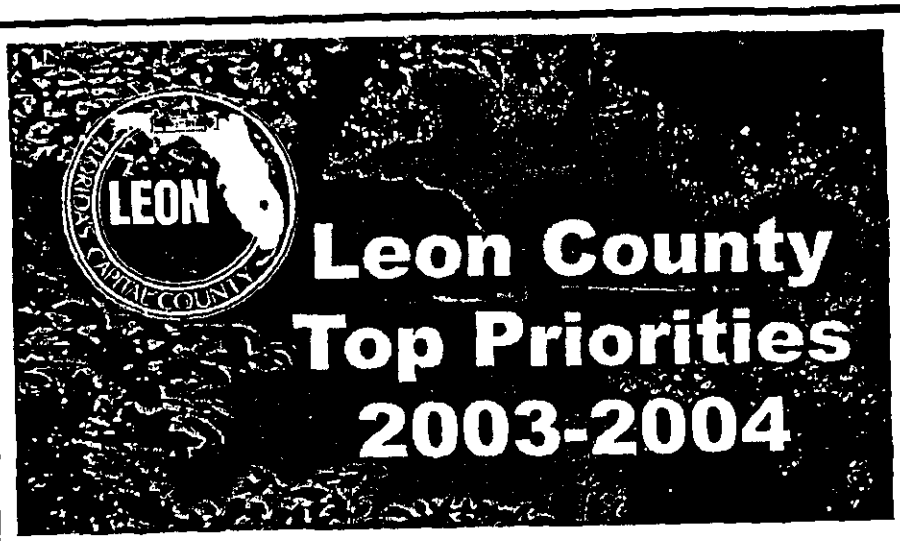
_____
Print, Type or Stamp Name of Notary

_____
Title or Rank

_____
Serial Number, If Any

Return Completed form with supporting documents to:

Leon County Purchasing Division
2284 Miccosukee Road
Tallahassee, Florida 32308



Leon County Top Priorities 2003-2004

County Commissioners

Bill Proctor, District 1
922-2455
Jane Sauls, District 2
922-7190
Dan Winchester, District 3
410-2223
Tony Grippa, District 4
487-4747
Bob Rackleff, District 5
921-5555
Cliff Thaell, At Large
922-7188
Rudy Maloy, At Large
922-4848

① Water Quality/Total Maximum Daily Load(TMDL) Standards

- Develop a program to measure the amount of pollutants entering water bodies and implement new regulations to comply with and enforce federal and state standards.

"These issues represent just a few of the most important matters facing our community. The Board will focus on addressing these priorities and many others over the next year."

② Joint Dispatch/Emergency Operations Center (EOC)

- Pursue the development of a Leon County/Tallahassee Joint Law Enforcement Dispatch /EOC.

③ Leon County Charter Amendment

- Pursue Leon County Charter amendment to address countywide stormwater issues.

④ Protection ofN orth Florida Water Resources

⑤ Economic Development

- Maintain focus on recruitment and expansion of small businesses and job creation.
- Develop a performance contract with the Economic Development Council (EDC) to evaluate its progress in attracting new businesses to Leon County.

⑥ Eliminate Emergency Medical Services (EMS) Municipal Services Taxing Unit (MSTU)

⑦ Women's Health Center on Southside

- Evaluate the need for a women's health center at the Bond Community Health Clinic.

For more information contact County Administrator at 606-5300 or visit Leon County's website at www.acleon.fl.us

"The Board's annual process is an invaluable tool to assess and reassess our county's goals and priorities. Action plans will be developed and carried to completion to realize significant progress toward achieving these goals."

— Parwez Alam, County Administrator

⑧ Community/Teen Centers

- Extend Leon County's lease with the Leon County School Board for the Ft. Braden Community Center.
- Explore using schools for after hours youth programs.
- Evaluate a dinner program for kids after school.

⑨ Funding for 90East (Mahan Drive) to I-10

⑩ Southern Strategy

- Involve the private sector in further developing the Southern Strategy to address housing, schools, and transportation.
- Explore the impact the FSU and FAMU Master Plans will have on Southside neighborhoods.

Board of County Commissioners
Agenda Request 17

Date of Meeting: July 27, 2004
Date Submitted: July 21, 2004

To:	Honorable Chairman and Members of the Board
From:	Parwez Alam, County Administrator Vincent S. Long, Assistant County Administrator
Subject:	Approval of an Agreement with MGT of America, Inc. in the Amount of $50,000 for the Evaluation of the Need for a Women's Health Care Center at Bond Community Health Center

Statement of Issue:
This agenda item seeks Board approval of an Agreement with MGT of America, Inc in the amount of $50,000 for the evaluation of the need for a Women's Health Center at Bond Community Health Center (Attachment #1).

Background:
At the Board's Retreat on December 3, 2003, the Board established, as one of its top ten priorities for Year 2003-2004, the evaluation of the need for a women's health center at the Bond Community Health Center for the uninsured and medically underserved citizens of Leon County (Attachment #2).

On June 8, 2004, the Board approved the issuance of a Request for Proposal (RFP) (Attachment #3).

Analysis:
The RFP was advertised locally and 492 vendors were notified through the automated procurement system. Seventeen vendors requested proposal packages, which resulted in two proposals and no non-response statements. Entities submitting proposals were: MGT of America and Analytica/Rowlette. An evaluation committee consisted of the following members: Joe Sharp, Leon County Health and Human Services Director (Chair); Lillian BennettAssistant to the County Administrator; Robert Hester, Leon County resident; J. R. Richards, Bond Community Health Center; and, Art Cooper, Leon County Health Department. The bid tabulation sheet is included as. Attachment #4. The Committee reviewed the proposals based upon the criteria stated in the RFP including M/WBE participation. An M/WBE statement was completed and the M/WBE office supports staff recommendation of MGT of American, Inc (Attachment #5).. The proposals were scored and ranked based on the criteria stated in the RFP.

The final ranking of the firms is as follows:

Rank	Applicant Name	Average Score
1.	MGT of America	89.25

2.	Analytica/Rowlette	79.50

Analytica/Rowlette's proposal anticipated a nine month completion schedule at a cost of $80,100. MGT of America proposal anticipates a three month completion schedule at a cost of $50,000. A copy of the MGT of America, Inc.'s proposal is Attachment # 6.

Options:

1. Approve the Agreement with MGT of America, Inc. in the amount of $50,000 for the evaluation of the need for a Womens Health Center at Bond Community Health Center and authorize the Chairman to execute.

2. Do not approve the Agreement with MGT of America, Inc. in the amount of $50,000

3. Board direction

Recommendation:

Option #1.

Attachments:

1. Proposed contract with MGT of America, Inc.

2. Leon County Top Priorities 2003-2004.

3. RFP for evaluation of Women's Health Center at Bond Community Health Center.

4. RFP Tabulation Sheet

5. M/WBE Statement

6. MGT of America proposal

AGREEMENT

THIS AGREEMENT dated this 27th day of July, 2004, by and between LEON COUNTY, a political subdivision of the State of Florida, hereinafter referred to as the "County" and MGT of America, Inc., hereinafter referred to as the "Contractor."

WHEREAS, the County has determined that it would be in the best interest of the citizens of Leon County, Florida, that the County be able to utilize the services of private persons when such services cannot be reasonably provided by the County; and

WHEREAS, the County has determined that it would be better to contract for these services than to hire the necessary personnel to satisfy the needs of the County;

NOW, THEREFORE, the parties hereto agree as follows:

1. SERVICES TO BE PROVIDED

The Contractor hereby agrees to provide consultant services for professional research, involvement of health care professionals and public involvement to prepare and conduct research to evaluate the establishment of a women's health care center at Bond Community Health Clinic in accord with Leon County Request for Proposals number BC-07-07-04-50, and Contractor's response thereto, said documents being incorporated into this agreement as if fully set out herein

2. WORK

Any work to be performed shall be upon the written request of the County Administrator or his representative, which request shall set forth the commencing date of such work and the time within which such work shall be completed.

3. TIME

The work to be performed under this contract shall be commenced upon receipt of the Notice to Proceed. All work to be performed under this Contract shall be completed within 120 consecutive calendar days of the Notice to Proceed, or in any case, not later than December 1, 2004. Excluded from this time frame is any time required for presentation to or workshop with the Board of County Commissioners.

4. CONTRACT SUM

The Contractor agrees that for the performance of the services as outlined above, it shall be remunerated by the County a total sum of $50,000 upon completion and submission of the completed Final Report of findings and recommendations.

5. PAYMENTS

The County will make monthly progress payments within thirty (30) days of submission and approval of invoice for services. Each invoice should properly and adequately detail the progress and work being invoiced.

The performance of Leon County of any of its obligations under this agreement shall be subject to and contingent upon the availability of funds lawfully expendable for the purposes of this agreement.

6. STATUS

The contractor at all times relevant to this Agreement shall be an independent contractor and in no event shall the Contractor nor any employees or sub-contractors under it be considered to be

Agreement Between Leon County And MGT Of America, Inc.
Consultant Services for Conduct of a Study on the Establishment of a Women's Health Center

employees of Leon County.

7. INSURANCE

Contractor shall procure and maintain for the duration of the contract insurance against claims for injuries to persons or damages to property which may arise from or in connection with the performance of the work hereunder by the Contractor, his agents, representatives, employees or subcontractors. The cost of such insurance shall be included in the Contractor's bid.

1. Minimum Limits of Insurance. Contractor shall maintain limits no less than:

   a. General Liability: $1,000,000 combined single limit per occurrence for bodily injury, personal injury and property damage. If Commercial General Liability Insurance or other form with a general aggregate limit is used, either the general aggregate limit shall apply separately to this project/location or the general aggregate limit shall be twice the required occurrence limit.

   b. Automobile Liability: $1,000,000 combined single limit per accident for bodily injury and property damage. (Non-owned, Hired Car).

   c. Workers' Compensation and Employers Liability: Insurance covering all employees meeting Statutory Limits in compliance with the applicable state and federal laws and Employer's Liability with a limit of $500,000 per accident, $500,000 disease policy limit, $500,000 disease each employee. Waiver of Subrogation in lieu of Additional Insured is required.

2. Deductibles and Self-Insured Retentions

   Any deductibles or self-insured retentions must be declared to and approved by the County. At the option of the County, either: the insurer shall reduce or eliminate such deductibles or self-insured retentions as respects the County, its officers, officials, employees and volunteers; or the Contractor shall procure a bond guaranteeing payment of losses and related investigations, claim administration and defense expenses.

3. Other Insurance Provisions The policies are to contain, or be endorsed to contain, the following provisions:

   a. General Liability and Automobile Liability Coverages (County is to be named as Additional Insured).

      1. The County, its officers, officials, employees and volunteers are to be covered as insureds as respects; liability arising out of activities performed by or on behalf of the Contractor, including the insured's general supervision of the Contractor; products and completed operations of the Contractor; premises owned, occupied or used by the Contractor; or automobiles owned, leased, hired or borrowed by the Contractor. The coverage shall contain no special limitations on the scope of protections afforded the County, its officers, officials, employees or volunteers.

      2. The Contractor's insurance coverage shall be primary insurance as respects the County, it officers, officials, employees and volunteers. Any insurance of self-insurance maintained by the County, its officers, officials, employees or volunteers shall be excess of the Contractor's insurance and shall not contribute with it.

      3. Any failure to comply with reporting provisions of the policies shall not affect coverage provided to the county, its officers, officials, employees or volunteers.

Agreement Between Leon County And MGT Of America, Inc.
Consultant Services for Conduct of a Study on the Establishment of a Women's Health Center

4. The Contractor's insurance shall apply separately to each insured against whom claims is made or suit is brought, except with respect to the limits of the insurer's liability.

b. All Coverages

Each insurance policy required by this clause shall be endorsed to state that coverage shall not be suspended, voided, canceled by either party, reduced in coverage or in limits except after thirty (30) days' prior written notice by certified mail, return receipt requested, has been given to the County.

4. Acceptability of Insurers. Insurance is to be placed with insurers with a Best's rating of no less than A:VII.

5. Verification of Coverage. Contractor shall furnish the County with certificates of insurance and with original endorsements effecting coverage required by this clause. The certificates and endorsements for each insurance policy are to be signed by a person authorized by that insurer to bind coverage on its behalf. All certificates and endorsements are to be received and approved by the County before work commences. The County reserves the right to require complete, certified copies of all required insurance policies at any time. Certificates of Insurance acceptable to the County shall be filed with the County prior to the commencement of the work. These policies described above, and any certificates shall specifically name the County as an additional insured and shall contain a provision that coverage afforded under the policies will not be canceled until at least thirty (30) days prior to written notice has been given to the County.

Cancellation clauses for each policy should read as follows: *Should any of the above described policies be canceled before the expiration date thereof, the issuing company will mail thirty (30) days written notice to the Certificate Holder named herein.*

6. Subcontractors. Contractors shall include all subcontractors as insureds under its policies or shall furnish separate certificates and endorsements for each subcontractor. All coverages for subcontractors shall be subject to all of the requirements stated herein.

8. LICENSES

The Contractor shall be responsible for obtaining and maintaining his city or county occupational license and any licenses required pursuant to the laws of Leon County, the City of Tallahassee, or the State of Florida. Should the Contractor, by reason of revocation, failure to renew, or any other reason, fail to maintain his license to operate, the contractor shall be in default as of the date such license is lost.

9. ASSIGNMENT

This Agreement shall not be assigned or sublet as a whole or in part without the written consent of the County nor shall the contractor assign any monies due or to become due to him hereunder without the previous written consent of the County.

10. HOLD HARMLESS

The Contractor agrees to indemnify and hold harmless the County from all claims, damages, liabilities, or suits of any nature whatsoever arising out of, because of, or due to the breach of this

agreement by the Contractor, its delegates, agents or employees, or due to any act or occurrence of omission or commission of the Contractor, including but not limited to costs and a reasonable attorney's fee. The County may, at its sole option, defend itself or allow the Contractor to provide the defense.

11. TERMINATION

Leon County may terminate this Agreement without cause, by giving the Contractor thirty (30) days written notice of termination. Either party may terminate this Agreement for cause by giving the other party hereto thirty (30) days written notice of termination. The County shall not be required to give Contractor such thirty (30) day written notice if, in the opinion of the County, the Contractor is unable to perform its obligations hereunder, or if in the County's opinion, the services being provided are not satisfactory. In such case, the County may immediately terminate the Agreement by mailing a notice of termination to the Contractor.

12. PUBLIC ENTITY CRIMES STATEMENT

In accordance with Section 287.133, Florida Statutes, Contractor hereby certifies that to the best of his knowledge and belief neither Contractor nor his affiliates has been convicted of a public entity crime. Contractor and his affiliates shall provide the County with a completed public entity crime statement form no later than January 15 of each year this agreement is in effect. Violation of this section by the Contractor shall be grounds for cancellation of this agreement by Leon County.

13. REVISIONS

In any case where, in fulfilling the requirements of this agreement or of any guarantee, embraced in or required thereby it is necessary for the Contractor to deviate from the requirements of the bid, Contractor shall obtain the prior written consent of the County.

14. VENUE

Venue for all actions arising under this agreement shall lie in Leon County, Florida.

15. CONSTRUCTION

The validity, construction, and effect of this Agreement shall be governed by the laws of the State of Florida.

Agreement Between Leon County And MGT Of America, Inc.
Consultant Services for Conduct of a Study on the Establishment of a Women's Health Center

WHERETO, the parties have set their hands and seals effective the date whereon the last party executives this Agreement.

CONTRACTOR

WITNESS:_____ BY:_____
President

WITNESS:_____ DATE_____

(CORPORATE SEAL)

STATE OF _____
COUNTY OF _____

The foregoing instrument was acknowledged before me this _____day of_____, 2003.

By _____, of _____,
(Name of officer or agent, title of officer or agent) (Name of corporation acknowledging)

a_____ corporation, on behalf of the corporation.
(State or place of incorporation)

He/she is personally known to me or has produced _____ as identification.
(type of identification)

_____
Signature of Notary

_____
Print, Type or Stamp Name of Notary

_____
Title or Rank

_____
Serial Number, If Any

LEON COUNTY, FLORIDA

BY:_____
Jane G. Sauls, Chairman
Board of County Commissioners

DATE:_____

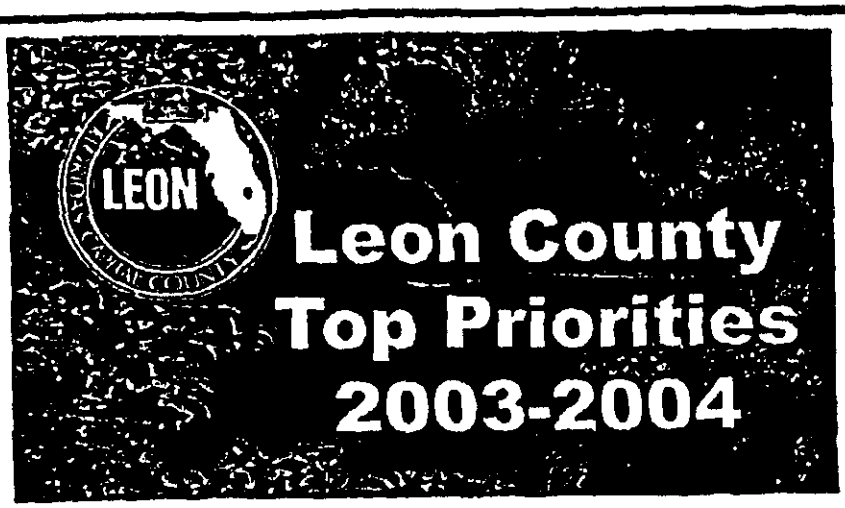
ATTEST:

Bob Inzer, Clerk of Circuit Court

By:_____

Approved as to Form:

By:_____
Herbert W. A. Thiele, Esq.
County Attorney



County Commissioners

Bill Proctor, District 1
922-2455
Jane Sauls, District 2
922-7190
Dan Winchester, District 3
410-2223
Tony Grippa, District 4
487-4747
Bob Rackleff, District 5
921-5555
Cliff Thaell, At Large
922-7188
Rudy Maloy, At Large
922-4848

① Water Quality/Total Maximum Daily Load(TMDL) Standards

- Develop a program to measure the amount of pollutants entering water bodies and implement new regulations to comply with and enforce federal and state standards.

② Joint Dispatch/Emergency Operations Center (EOC)

- Pursue the development of a Leon County/Tallahassee Joint Law Enforcement Dispatch /EOC.

③ Leon County Charter Amendment

- Pursue Leon County Charter amendment to address countywide stormwater issues.

④ Protection ofN orth Florida Water Resources

⑤ Economic Development

- Maintain focus on recruitment and expansion of small businesses and job creation.
- Develop a performance contract with the Economic Development Council (EDC) to evaluate its progress in attracting new businesses to Leon County.

⑥ Eliminate Emergency Medical Services (EMS) Municipal Services Taxing Unit (MSTU)

⑦ Women's Health Center on Southside

- Evaluate the need for a women's health center at the Bond Community Health Clinic.

⑧ Community/Teen Centers

- Extend Leon County's lease with the Leon County School Board for the Ft. Braden Community Center.
- Explore using schools for after hours youth programs.
- Evaluate a dinner program for kids after school.

⑨ Funding for 90East (Mahan Drive) to I-10

⑩ Southern Strategy

- Involve the private sector in further developing the Southern Strategy to address housing, schools, and transportation.
- Explore the impact the FSU and FAMU Master Plans will have on Southside neighborhoods.

LEON COUNTY PURCHASING DIVISION
RFP TABULATION SHEET

Bid Title: Request for Proposals for Consultant Services for Conduct of a Study on the Establishment of a Women's Health Center

Opening Date: Wednesday, July 7, 2004 at 2:00 PM

Item/Vendor	ANALYTICA	MGT		
Manual Signature	YES	YES		
Original and 5 copies	YES	YES		
Public Entity Crime Statement	YES	YES		
Minority Business Enterprise Statement	YES	YES		
EEO/AA Statement	YES	YES		
Certification Regarding Debarment. Etc.	YES	YES		
Insurance Certification	YES	YES		
No Proposal Statement				

Tabulated By:

Attachment # 3
Page 10 of 17

Board of County Commissioners
Inter-Office Memorandum

Attachment # 3
Page 11 of 17

Date: July 15, 2004

To: Evaluation Committee Members
Lillian Bennett
Joe Sharp
J. R Richards
Art Cooper
Bob Hester

From: Keith M. Roberts, Purchasing Director

Subject: Evaluation Criteria Information for BC-07-07-04-50

Local Preference

The Local Preference Ordinance of Leon County provides for up to a five point preference for local vendors who meet the stated criteria and are certified through the Leon County Purchasing Division. Of the two respondents to this request for proposals, MGT of America is a certified local vendor and is to be given the 5 points for local preference.

Volume of BCC Work

For the two prior fiscals years the two respondents have performed the following amounts of work for Leon County:

Analytica and Rowlette Research Associates, Inc.	$ 0.00
MGT of America	$ 84,645.00

Minutes
Evaluation Committee
Women's Health Center RFP
July 15, 2004

Committee Members:
Art Cooper, LCHD
Joe Sharp, Health and Human Services, Leon County
J. R. Richards, Bond Community Health Center
Lillian Bennett, Leon County Administration
Robert Hester, Citizen, Leon County

Committee Members in attendance were:
Joe Sharp
Lillian Bennett
Robert Hester
J. R. Richards

Mr. Keith Roberts, Director of Purchasing, Leon County, presided and reviewed the purchasing guidelines for the selections of proposals. Mr. Roberts reviewed the RFP and the evaluation criteria. Mr. Roberts indicated that the RFP was advertised locally and 492 vendors were notified through the automated procurement system. Seventeen vendors requested proposal packages, which resulted in two proposals and no non-response statements. Upon the conclusion of his presentation, Mr. Roberts called for the nomination and election of a chairman of the evaluations Committee. Mr. Sharp was nominated and elected.

Proposals from Analytica/Rowlette and MGT of America were distributed and reviewed by each committee member. Mr. Sharp asked for discussion of the proposals. It was agreed that both entities had submitted strong proposals and were worthy of consideration. Upon completion of the review and discussion, the committee scored each proposal according to the criteria as presented in the RFP. The group was unanimous in its determination that the contract should be awarded to MGT of American due to the preponderance of MGT's experience with health studies in the Leon County area.

The Chair was authorized to contact MGT to determine MGT's cost for the study. The Chair contacted the MGT principal for the study, Dr. Fred Seamon on July 15, 2004. Dr. Seamon agreed to a price $50,000.

There being no further business, the evaluation committee adjourned.

J.R. RICHARDS

	MGT of America	Analytica/Rowlette
Quality of Response to Scope of Services . . 35 points	25	35
Experience of Vendor, Staff and Consultants . . 30 points	30	20
Vitality of the Vendor . . 15 points	15	10
Local Preference . . 5 points	5	0
MWBE Participation . .10 points	10	10
Volume of BCC Work . . 5 points	5	0
TOTAL	90	75

	MGT of America	Analytica/Rowlette
Quality of Response to Scope of Services . . 35 points	30	32
Experience of Vendor, Staff and Consultants . . 30 points	30	24
Vitality of the Vendor . . 15 points	15	10
Local Preference . . 5 points	5	0
MWBE Participation . .10 points	10	10
Volume of BCC Work . . 5 points	4	05
TOTAL	94	81

Recommended
Edward D. Depth
7/15/04

Cillian Bennett

3
15 17

	MGT of America	Analytica/Rowlette
Quality of Response to Scope of Services . . 35 points	30	25
Experience of Vendor, Staff and Consultants . . 30 points	30	20
Vitality of the Vendor . . 15 points	10	~~10~~ 5
Local Preference . . 5 points	5	0
MWBE Participation . .10 points	10	10
Volume of BCC Work . . 5 points	4	5
TOTAL	89	69
	79	~~55~~

Fee

Joe Stamps
1-15-09

Attachment # 3
10-31-17

	MGT of America	Analytica/Rowlette
Quality of Response to Scope of Services . . 35 points	FEL 30	31
Experience of Vendor, Staff and Consultants . . 30 points	30	30
Vitality of the Vendor . . 15 points	15	10
Local Preference . . 5 points	5	0
MWBE Participation . . 10 points	10	10
Volume of BCC Work . . 5 points	4	5
TOTAL	84	76

M/WBE Statement

M/WBE Analysis of RFP/Bid Respondent

RFP/Bid #: BC-07-07-04-69

Title: RFP for Consultant Services for for Conduct of a Study on the Establishment of a Women's Health Center

M/WBE % Goal: 15.50% **Aspirational Composite**

The M/WBE Office has reviewed two (2) proposals submitted for this project to determine the M/WBE participation level according to the point scale below. Analytica receives zero (0) points as they did not submit a certified M/WBE and MGT of America, Inc. receives six (6) points as they did submit a certified M/WBE.

The M/WBE Participation Level and points, detailed in the Request for Proposals, is as follow

The respondent is certified as a Minority Business Firm with Leon County, as defined in the County's MBE policy.	10 Points
The respondent is a joint venture of two or more firms/individuals with a minimum participation in the joint venture of at least 20% by certified minority business firms/individuals.	8 Points
The respondent has certified that a minimum of 15.5% of the ultimate fee will be subcontracted to certified MBE Firm(s), and has identified in the proposal the MBE firm(s) that it intends to use.	6 Points

Respondent: Analytica, Newberry, FL

	Detail M/WBE Companies (respondent & subcontractors, as applicable)	Goods and Services	*E/G	** Certified By	M/WBE Participation as % of Total Base Bid
1	M/WBE firms submitted are not certified by the City or County				$ -
	Total M/WBE Participation: 0 points	0.00%		Met M/WBE Goal?	No

Respondent: MGT of America, Inc., Tallahassee, FL

	Detail M/WBE Companies (respondent & subcontractors, as applicable)	Goods and Services	*E/G	** Certified By	M/WBE Participation as % of Total Base Bid
1	Technical, Innovative, Practical Solutions, Inc., Tallahassee, FL	Key informant, Interviews, Community Meeting	B	CT	$ -
	Total M/WBE Participation: 6 Points	15.50%		Met M/WBE Goal?	Yes

*E/G (Ethnic/Gender): A= Asian B = Black; H = Hispanic; F = Female; N = Native American
**Certified By: LC = Leon County; CT = City of Tallahassee

A STUDY ON THE NEED FOR WOMEN'S HEALTH SERVICES

Final Report

SUBMITTED TO:
Mr. Joe Sharp
Director, Leon County Department of Health and Human Services
918 Railroad Avenue
Tallahassee, Florida 32310

SUBMITTED BY:

MGT of America
2123 Centre Pointe Blvd
Tallahassee, Florida 32308

DECEMBER 2004

TABLE OF CONTENTS

EXECUTIVE SUMMARY

EXECUTIVE SUMMARY

In August 2004, the Board of County Commissioners (BOCC) for Leon County, Florida (County), contracted with MGT of America, Inc. (MGT), to conduct a study of the need for health services for uninsured and low-income women and children. This study is a continuation of efforts by the BOCC to address access to primary health care for uninsured, low-income citizens, an issue that has been recognized as critical for Leon County by community leaders, elected officials, and community residents. This report seeks to address several key factors related to the need for women's health services:

- What are the health care service needs of low-income, uninsured women and children in Bond and other areas within Leon County?
- What health services should be provided to meet current and future needs?
- What is the optimal location for meeting current and future needs?
- How should services be funded and implemented?

This Executive Summary provides a synopsis of major findings and recommendations. The accompanying report provides a complete explanation of our methodology and a detailed description of our findings and recommendations.

MGT began the study process in late August 2004. The work of MGT from August through November 2004 focused on the collection and analysis of information regarding the need for health services for women and children in Bond and other communities in Leon County. A major component of the study was the input provided by women who live in Bond and other neighborhoods, other community residents, and a diverse group of key informants and stakeholders that included elected officials, community service providers, and staff and board members of the neighborhood health clinics. These individuals and groups participated in the study through focus groups, personal interviews, meetings, and other data collection methods. The major conclusion drawn

from their input and our analysis of health status data for Leon County is that there is a critical need for health care services for low-income women and children and that the need is concentrated primarily in the Southside area currently served by the Bond Community Health Clinic.

Major Findings and Recommendations

Although this Executive Summary briefly summarizes key issues, findings, and conclusions related to the need for health services for uninsured low-income women and children, a detailed description of the findings, conclusions, and recommendations is contained in the main body of the report. We highly recommend reading the complete report in order to place this Executive Summary into proper context.

Key Findings

MGT analyzed a variety of health related data for Leon County in order to pinpoint the areas of greatest need. In addition, opinions and perceptions were solicited from a diverse group of community stakeholders regarding the health care needs of uninsured low-income women.

- There are pockets of low-income families and individuals throughout Leon County. However, in comparison with other areas of the county the highest concentration of low-income families and individuals is located in the 32301, 32310, and 32304 ZIP codes. Median household incomes in these communities are the lowest median incomes in Leon County, and well below state and national averages. Median income in 32301 (Southside/Bond) was $33,384, the median income in 32310 (Bond) was $26,616, and median income in 32304 (Frenchtown/West Tennessee) was $15,133.

- The Bond and Southside/Bond communities comprise 24 percent (57,555 persons) of the Leon County population, which is significant in that a majority are low-income, uninsured families and individuals.

- In comparison with other areas of the county, neighborhoods such as Apalachee Ridge, Lake Bradford, and Providence—all located on the Southside—have the highest number of female-headed households (26.5%) and the highest percentage of children under 18 with a single female as head of the household (31.3%).

- In comparison with other areas of the county, the Bond community shows the highest percentage of low birth weights (under 2,500 grams) in the county at 13.1 percent of total births (39 births).

- Relative to very low birth weight (under 1,500 grams) in the county, some of the highest percentages are found in Southside neighborhoods. The Southside/Bond community had a rate of 4.1 percent (15 births) very low birth weights, and the Bond community had a rate of 3.4 percent (10 births) very low birth weights.

- The rate of low birth weights in the Bond and Southside/Bond communities is above the state average of 8.4 percent and the national average of 7.8 percent.

- The rate of very low birth weights in the Bond and Southside/Bond communities is more than double the state average of 1.6 percent and the national average of 1.5 percent.

- Bond also shows the highest rate of infant mortality in the county (20.1 per 1,000; 6 deaths) and the third highest rate of neonatal mortality (13.4 per 1,000; 4 deaths).

- Compared with people in other areas of the county, the Bond community shows the second highest rates of deaths by lung cancer at 78.4 per 100,000. In terms of breast cancer, women in the Southside/Bond community had the third highest rate of deaths by breast cancer at 32.8 per 100,000 women. The Bond community shows the highest rate of death by gynecological cancers within the county (47.9 per 100,000), and the highest rate of AIDS cases (42.1 per 100,000)—a rate that far exceeds the state and national rates of 26.7 and 15.0 per 100,000, respectively.

- The Bond community has the lowest percentage (95.0%) and the Southside/Bond community has the second lowest percentage (96.6%) of completed kindergarten immunizations in the county, indicating a critical need for access to children's preventive health care.

- The Bond community has the second highest rates of both third trimester prenatal care and no neonatal care within the county—1.7 per 100 mothers and 1.0 per 100 mothers, respectively.

- The Southside/Bond community has consistently high numbers of early latent syphilis (14.0 per 100,000) late latent syphilis (3.5 per 100,000), and infectious syphilis rates (3.5 per 100,000). These numbers are significantly higher than all other areas of Leon County.

- The Bond and Southside/Bond communities have consistently high rates of gonorrhea and chlamydia in Leon County with numbers of cases that are considerably higher than most other areas of Leon County. Bond has the highest rate of gonorrhea with 811.44 per

100,000 people, and Southside/Bond has the third highest rate with 466.2 per 100,000 people. Bond has the second highest rate of Chlamydia at 1,322.4 per 100,000 people, and Southside has the third highest rate with 981.4 per 100,000 people.

- Compared with other areas of the county, a much higher percentage (78%) of all students in the Bond community took part in the free or reduced lunch program, which is a strikingly higher rate than other areas of Leon County. Bond has the highest percentage of students in the free lunch program with 78.0 percent, and Southside/Bond has the second highest percentage with 68.2 percent

- Heart disease is the number one killer of American women (203.9 per 100,000). The death rate from heart disease for women in Leon County is 124.2 per 100,000; the death rate from heart disease for women in the Bond Community Health Center (BCHC) service area is 179.4 per 100,000 for the Bond Community and 85.2 per 100,000 for the Southside Bond Community.

- The majority of heart disease deaths among women of all racial and ethnic groups occurs among women 60 years and older. The death rate from heart disease for women 65 years and older in Leon County is 1,170.6 per 100,000; the death rate from heart disease among women 65 years and older in the BCHC service area is 1,680.7 per 100,000 in the Bond Community and 837.1 per 100,000 in the Southside Bond Community.

- Nationally, over 20 percent of American women suffer mobility and self-care limitations and, consequently, have a greater probability of heart disease due to a lack of adequate pr eventive care.

- Cancer is the second leading killer of American Women (164.7 per 100,000). The death rate from cancer for women in Leon County is 132.7 per 100,000. The death rate from cancer for women in the BCHC service area is 143.5 per 100,000 for the Bond Community and 104.8 per 100,000 for the Southside Bond Community.

- Lung cancer is the leading cause of cancer death among American women in the U.S. (54.9 per 100,000). The death rate from lung cancer for women in Leon County is 31.0 per 100,000). The death rate from lung cancer for women in the BCHC service area is 47.9 per 100,000 for the Bond Community and 19.6 per 100,000 for the Southside Bond Community.

- Breast cancer is the second leading cause of cancer death among American women in the U.S. (26.0 per 100,000). The death rate from breast cancer for women in Leon County is 22.5 per 100,000. The death rate from breast cancer for women in the BCHC service area is 12.0 per 100,000 for the Bond Community and 32.8 per 100,000 for the Southside Bond Community.

- According to 2001 data from the Center for Disease Control, death from breast cancer occurs at a greater rate among African American women than White women—34.5 per 100,000 vs. 25.4 per 100,000, respectively. Racial differences in breast cancer deaths have widened since 1980, despite considerable improvement in treatment modalities.

- Stroke is the third leading cause of death among American women (69.2 per 100,000). Stroke kills more than twice as many women each year as breast cancer and is the leading cause of adult disability in this country. The rate of death from stroke among women in Leon County is 65.2 per 100,000.

- Influenza, pneumonia, and HIV/AIDS account for 21.7 deaths per 100,000 among American women. The death rate from infectious diseases for women in Leon County is 17.1 per 100,000 for influenza and pneumonia and 4.7 per 100,000 for HIV/AIDS; in the BCHC service area it is 23.9 per 100,000 for influenza and pneumonia and 23.9 per 100,000 for HIV/AIDS in the Bond Community and 6.6 per 100,000 for influenza and pneumonia and 13.1 per 100,000 for HIV/AIDS in the Southside Bond Community.

- Virtually all stakeholders who participated in this study agreed that there is a need for women's health services and they generally supported the need for improving access to health care for low-income, uninsured persons, including women and children in Leon County. Questions were raised by some participants in the study—particularly key policymakers—about the efficacy and effectiveness of the current model, its impact on improving access to quality health care, costs of providing services to women, the availability and utilization of existing services for women, and the need for women's health services to be part of a broader comprehensive plan for uninsured, lower income persons. There were also questions raised about the location of the services. Although a majority of participants felt strongly that the services are needed and should be located in the Southside and preferably provided out of the Bond Community Health Clinic, some participants in the study also felt equally as strong about providing the services in other areas of Leon County and Tallahassee.

- Several participants in the study questioned the goal of providing women's health services and/or establishing a women's health center, and the extent to which current services for women can meet the demand for services. These questions were raised in light of the increase in the MSTU, and whether the current system is working and the cost/benefit and return on investment in providing services specifically for women.

- On the part of several participants in the study, there were major concerns about the long-term future of health care for the uninsured

in Leon County. And while there was support for providing women's health services, the role of Leon County, the hospitals, the universities, health care providers, and other components of the health care delivery system in building and funding a comprehensive system for delivering health care to lower income and uninsured residents of Leon County was a much greater concern than whether women's health services or a women's health center are needed and where the services should be located and provided.

- Among some participants in the study the extent to which the current system is working was a major factor in the need for women's health services and where the services should be located. Participants who felt that the current system is working reasonably well voiced very strong support for providing specialty services for women and housing the services at Bond Community Health Clinic. Those who felt otherwise about the effectiveness of the current system were not as strong in their support of the need for women's health services.

- Based on the comments of women participants and those who provide health and other human care services to low-income women, low-income and medically underserved women/children need a diverse range of services to meet their needs. Services most frequently mentioned were dental services, prenatal care, immunizations, mammograms, annual check-ups and health screenings, postnatal care, OB/GYN care, specialized services for teen moms, teen pregnancy and well baby care, nutrition education, substance abuse/mental health services, parenting education, family planning, and wellness services. Among women and service providers, the need for health screenings, Pap smears, breast exams, and general exams for hypertension, for diabetes, and dental services were key factors in their perceptions about the health service needs of low-income and medically underserved women.

- Although not a primary focus of this study, dental care for low-income and uninsured women was repeatedly cited as a critical need by community-based service providers and by female focus group participants. It was reported by some service providers that undetected and untreated infections, including gum disease or other oral infections, greatly increase the risk of preterm labor and delivery of low- and very-low birth weight infants. It was also reported that there is no dentist providing care for women on Medicaid between Panama City and Gainesville.

- A majority of participants, women, service providers, and other stakeholders felt that services should be targeted to meet the needs of the whole person and should go beyond just addressing immediate health and medical needs. There was recognition that it is not possible to provide every service to the community, and the need for some services ranked higher than others.

- Community-based service providers strongly emphasized that there is a demand for health services that is currently not being met. Most indicate there will be a much greater demand for health care services in the next five years due to increased stress in families, economic stress, and the increase in HIV/AIDS, hypertension, diabetes, and obesity.

- On the whole, participants in the study felt strongly about the need for women and children's health care services and the need for services in the Bond community in a health center that serves women of all age groups. The most caution regarding the need for women's health services was expressed by those most concerned about cost factors in light of the recent increase in the MSTU, future funding requirements, and the "bricks and mortar" for a women's center and concerns about the need for a more comprehensive approach and model that encompass all community segments and age groups.

- Throughout the study a number of barriers and constraints were identified by women, service providers, policymakers, and others in regard to the problems low-income and uninsured women face in getting adequate and quality health care in Leon County. Major barriers include transportation, child care, the ability to navigate the system, and access and availability to services in a timely manner.

- Although the health services that were identified as services needed by low-income and medically underserved women are currently provided in Leon County, a number of factors impede the access and availability of the services for women, who are the primary focus of this study. The most obvious factor is that these women lack health insurance coverage and—like elsewhere around the country—without health insurance it is difficult to obtain needed services in a timely fashion. Although programs are in place that are intended to lessen the impact of not having insurance, the women who participated in this study and the community service providers who work with the population that is the primary focus of this study expressed a number of concerns and frustrations about the availability and access to services. The perceptions are that the services that are provided are very limited. Some of the limitation is created by what was described as an "overwhelming demand for services that will very likely increase with the changes in Medicaid and changes and restrictions in other programs and funding sources." A number of study participants pointed out that some services are available on a limited basis, are not readily available when needed, or there is a delay in getting services and/or not getting services at all. This was a frequent refrain and comment by the women and community service providers who provided their input.

- Additional barriers that were shared that negatively impact access to and utilization of services include a general lack of awareness of services available, lack of knowledge, and in some cases unwillingness and reluctance to utilize services (e.g., based on past experience, frustration, being treated with lack of respect). These factors suggest a need for education, outreach, and some other actions on the part of the current system. Transportation was also frequently cited as a major factor related to utilizing services. If services are not located on a bus route, women without transportation and women without transportation plus child care issues find it extremely difficult to utilize services and in many instances delay or do not use the services at all.

- Another barrier that was frequently mentioned as a major factor related to access and utilization is hours of operation. The women who are the focus of this study and the women who participated in the study cannot—if they are employed—take off from their jobs to keep appointments or attend to basic needs related to activities of daily living that most people take for granted. Unless a service is provided and available during nontraditional hours, including evening and/or weekend hours, it is extremely difficult for some women to utilize services. Hours of operation also present a significant problem for women with child care issues who are not working.

- Participants were clear in expressing that there was a need for the services and a women's health center to offer the services. However, participants were also clear that focus should not be solely on what services are provided but how services should be provided; that is, the manner of service delivery was a critical issue. Fear, frustration, bad experiences with medical/health agencies, lack of trust in the medical community and/or concern about appropriate level of care, waiting periods, lack of knowledge about free services, and other obstacles are preventing women and children from seeking and utilizing some services. Participants repeatedly suggested the need for treating all women and children with respect, encouragement, and patience, and providing services in a customer friendly manner.

- To improve the system overall, some participants in the study recommended getting an infectious disease doctor on staff specializing in services for women. There were suggestions made to consider putting Lincoln Neighborhood Health Center, Bond Clinic, and the new Women's Health Center (WHC) under one administrative umbrella in order to increase efficiency and effectiveness of the current system. According to some, the current system is a fragmented and dysfunctional system with three facilities providing some services, but they are not coordinated. There is a need to develop a system of coordinated services, whether that is through a variety of sites or through one clinic including checks and balances to ensure accountability. In addition, participants shared that there is a need to ensure a seamless system of care (e.g. same

OB or midwife throughout pregnancy), where everyone works together for the common good of the woman/child rather than turf battles and financial obligations.

Service Delivery Models

Two models are proposed to provide health care services for low-income, uninsured women and children in Leon County. The models are designed to:

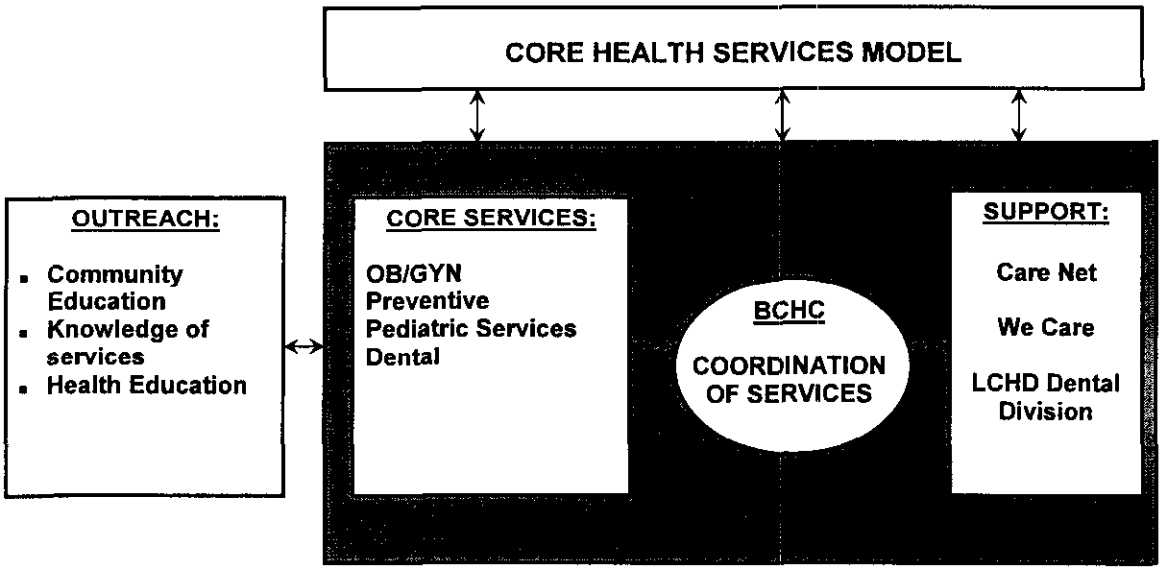
- provide alternatives for addressing health care services for low-income, uninsured women and children;
- increase access and availability of health care services for low-income, uninsured women and children;
- provide options for Leon County relative to meeting women's health care needs in the Bond community and other parts of Leon county;
- provide services that are not easily accessible to the women and children who are the primary focus of this study;
- ensure that there is a comprehensive, coordinated, and unduplicated effort for providing health care services for low-income, uninsured women and children; and
- improve the overall health of women and children who are the primary focus of this study.

Core Health Services Model

The *Core Health Services Model* includes four major components: services coordination, core services, outreach, and support. The primary target population of the *Core Health Services Model* is women in the Bond Community Health Center service area, but the model could also serve women from other communities in the county. As shown in Exhibit 1 the core services include preventive services (primarily health screenings), disease management, and pediatric services. The delivery of these core services as currently envisioned will be supported by CareNet and We Care, networks that are currently partnering with the BCHC. With the exception of pediatric services, we envision that a contract for services will be used as the primary mechanism to provide core services. We recommend that a half-time pediatrician be added to the staff of

BCHC to provide pediatric services. The outreach component of the model is designed to address the need for greater awareness and education about the availability of services and how to access services—issues that were consistently identified by service providers and service recipients.

EXHIBIT 1
WOMEN'S HEALTH CARE NETWORK



The Bond/Leon County Comprehensive Women's Health Services Program

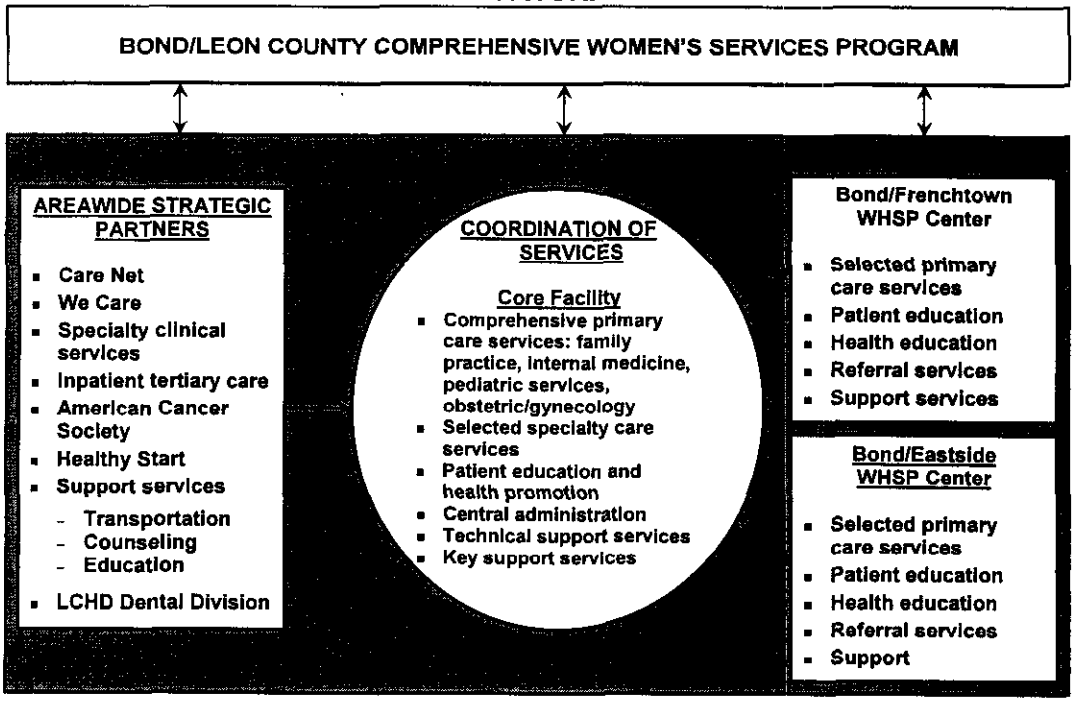
The Bond/Leon County Comprehensive Women's Health Services Program model recognizes that there are pockets of low-income, uninsured women throughout Leon County, and includes service locations in parts of Leon County other than Bond. The Bond Community Health Center will serve as the core facility for the delivery and coordination of services for women and children. As the core facility, BCHC will provide comprehensive primary care services and selected specialty care, and provide administrative oversight. Bond/Frenchtown and Bond/Eastside will also provide selected

primary care services as well as patient education, health education, and referral and support services.

In our opinion, the most effective organizational model for the Bond/Leon WHSP would be a service area wide network organization built around a core central unit based at the Bond Community Health Center. The advantages of a network model Women's Health Service Program for Leon County are that it:

- leverages new investment by County and creates a multiplier effect;
- optimizes the use of existing resources;
- maximizes the return on investment of prior capital investments;
- improves the availability of and access to new services in less time than other options; and
- allows coverage of larger service area with marginal additional investment through the use of satellite locations.

EXHIBIT 2
WOMEN'S HEALTH CARE NETWORK



1.0 INTRODUCTION AND BACKGROUND

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In July 2004, MGT of America, Inc., responded to a Request for Proposals (RFP) from the Leon County Board of County Commissioners (BOCC) for "consultant services for professional research, involvement of health care professionals, and public involvement to prepare and conduct research to evaluate the establishment of a women's health care center at Bond Community Health Clinic." In seeking to evaluate the need for women's health services, the BOCC recognized that there may be a potential gap in the health care delivery system and that "women and children who are uninsured, indigent and residing in medically underserved areas are particularly vulnerable."

The barriers limiting access to health care, particularly for low-income and minority women throughout the country, have been well-documented, leading the Office on Women's Health, U.S. Department of Health and Human Services (DHHS), to conclude that the health care system itself is a major barrier and that women, particularly low-income and minority women, face a unique set of circumstances and problems in receiving health care services. One major circumstance is lack of insurance coverage. *Women's Health USA 2003 (Health Resources and Services Administration, Maternal and Child Health Bureau, 2003)* reported that "females were more likely than men to pay for their health care expenses out-of-pocket, through Medicare, or through Medicaid, and less likely to pay for their expenses through private insurance or other sources." Over 20 percent of health care expenses for females were paid out-of-pocket, and the coverage expenses for females were higher than for males ($2,712 compared with $2,132). This key factor often results in delaying health care or not seeking health care.

The situation in Florida mirrors what is occurring nationally. The *Florida Profile* in the *Women's Health and Mortality Chartbook* (Centers for Disease Control) reports that

Florida has one of the lowest levels of insurance coverage among women age 18 to 64. The most recent *Florida Health Insurance Study* (November 2004) revealed that 42 percent of individuals without insurance coverage reported delaying or not obtaining needed medical care in the past year due to cost. Many of these individuals are lower income females who are the primary focus of this study.

There are numerous national studies that provide comprehensive information about the nature of health care disparities for minority women and women in general. Two reports in particular from the Institute of Medicine (*Unequal Treatment: Confronting Racial and Ethnic Disparities in Health Care)* and the Agency for Health Care Research and Quality *(National Health Care Disparities Report)*, have significantly raised awareness about the challenge that health disparities pose and why an aggressive plan is needed to eliminate them.

In addition to these two reports and numerous other studies, a November 2004 publication by the National Association of Counties (NACo) titled "Creating Healthy Communities" is particularly noteworthy because it focuses on the role of county government in addressing access to health care. The publication suggests that disparities in health care and unequal health care for the uninsured and lower income individuals are two of the most critical issues facing county governments and that fixing the problems should be a major priority. The report also indicates that there is a major fiscal benefit and return on investment for county governments that provide and improve access to quality health care for the uninsured and lower income individuals. NACo is very persuasive in pointing out that local governments "have no choice but to design their own programs to address problems such as lack of access to health care, physician shortages, and a variety of other deficits in providing health services to those in need."

This study is part of the BOCC's ongoing initiative to address the health care needs and problems of the uninsured and medically underserved in Leon County. As such, this study builds on previous efforts by the BOCC that resulted in passage of a Municipal Service Taxing Unit (MSTU) to fund primary health care and development of the primary health care delivery program. The study is important because it examines a critical need and a significant threat to the overall quality of life in this community. Like communities elsewhere, Leon County is faced with the challenge of finding solutions to a problem that continues to worsen.

According to the U.S. Census Bureau, women in Leon County represent 52.3 percent of the population, 39.8 percent of females earn $25,000 per year or less, and 34.7 percent of the female population are nonwhite. Like women around the country, low-income and uninsured women in Leon County are challenged in obtaining the kind of health care that persons who are insured tend to take for granted—health care that makes a difference not only in individual health and productivity, but in community health and productivity as well.

1.1 Background

At its December 2003 Planning Retreat, the Board of County Commissioners identified evaluating the need for health services for women and children as one of its priorities. Health and access to primary health care are important quality of life indicators in this community, and there is recognition that people without health care insurance coverage are at a distinct disadvantage in accessing comprehensive, quality health care services. There is also recognition that there is a distinct fiscal benefit to reducing health disparities and that long-term hospitalization and unnecessary emergency room visits can be reduced or avoided by increasing access to primary health care services. These factors as well as other factors have led to examining and studying health disparities and access

to primary health care for uninsured, low-income citizens of Leon County by the BOCC and other entities, including both universities and several task forces. Other groups such as the 21st Century Council have examined health care as a quality of life issue. In 1996, the County and City Commissioners created an *Indigent Health Care Task Force* to recommend a solution to broader access to primary health care. The Task Force recommended the creation of the *Coordinated CareNet Program* (CareNet), a service delivery system for the uninsured consisting of the Leon County Health Department (LCHD), local hospitals, Neighborhood Health Services (NHS), Bond Community Health Center (BCHC), and the Capital Medical Society.

A *Health Care Advisory Council* was established the next year to oversee the implementation of this program and to report back to the Commissioners on progress and further needs. In 1999, the Advisory Council proposed that the County increase its funding by $4 million to provide insurance for 5,000 children through the State Healthy Kids Program and expand the clinic capacity at the NSH and BCHC.

In May 2001, the BOCC conducted a public hearing to consider implementing an MSTU to fund primary health care for low-income and uninsured citizens in response to the *Report and Business Plan for a Health Care Delivery System for Uninsured Residents of Leon County* by MGT of America. As a follow-up, the BOCC approved funding of the Uninsured Health Care Program in July 2001, using $500,000 from the self-insurance fund balance and levying a countywide MSTU of 0.06 mills and $200,000 from the Intergovernmental Transfer/Special Medicaid Program Option. To further strengthen the delivery of health care services to the uninsured, a study and analysis of a health care delivery system model was completed. As a result of the study, the Primary Health Care Program and Primary Health Care Services Delivery System were established. In 2002, the BOCC adopted a resolution creating the Primary Health Care

Implementation Advisory Board (PHAB) as well as a resolution requiring that the PHAB provide the BOCC with an annual report of the effectiveness of the Primary Health Care Program for the uninsured.

The Primary Health Care Services Delivery System consists of the following:

- **CareNet** is a voluntary coalition of health care providers established to provide primary and specialty health care services to low-income and uninsured citizens in Leon County. CareNet is composed of Bond Community Health Center, Inc., Neighborhood Health Services, Inc., the We Care Network of the Capital Medical Foundation, the Leon County Health Department, Tallahassee Memorial Hospital Tallahassee Community Hospital, Florida State University School of Medicine, Florida A&M University School of Pharmacy, and Tallahassee Community College.

- **Primary Care.** Bond Community Health Care Center, Inc., and Neighborhood Health Services, Inc., provide primary care. Both clinics provide primary health care services for children and adults. The clinics accept patients by appointment or walk-in and upon referral from hospital emergency departments.

- **Specialty Physicians Care.** WeCare provides specialty physician care services on a volunteer basis. WeCare accepts patients from Bond Community Health Center and Neighborhood Health Services upon referral.

- **Inpatient Hospital Care.** Capitol Regional Medical Center and Tallahassee Memorial Health Care provide in-patient care for referrals from the WeCare Network.

- **Hospital Emergency Departments.** Hospital emergency departments have instituted a mechanism for the referral of patients presenting for inappropriate emergency department service to Bond Community Health Center and Neighborhood Health Services.

- **Prescription Services.** The Florida A&M University School of Pharmacy provides prescription drug services at Bond Community Health Center and Neighborhood Health Services. Pharmacy services are supported by FAMU and a pharmacy services grant through Health Resources and Services Administration.

In August 2004, MGT contracted with the BOCC to conduct this study on the need for health care services for low-income, uninsured, and medically underserved women and children. Given that health care for the uninsured in Leon County is a critical issue, there is great interest in the results of this study and how health care will be addressed

in the long-term. Since the start of the study, the BOCC has approved an increase in the MSTU to 0.22 mills and there has been some discussion of how to best provide long-term funding to meet current and future needs. As such, there is considerable interest on the part of the Bond Community, other community stakeholders, health care providers, community-based organizations, policymakers, and others regarding the outcomes of the study and its future implications on funding and other issues related to health care for the uninsured and underserved.

The need for services, where the services should be provided, the cost for services, the effectiveness and efficacy of the current model, and future funding have all been the subject of different opinions, perceptions, and viewpoints. The major point of consensus is that the health care needs of women and children who are uninsured and underserved is a critical issue that is important to the quality of life this community, and must be addressed in a comprehensive manner. The fact that in this community there is a medical school, nationally recognized pharmacy program and allied health programs, two major hospitals with a regional impact, and literally hundreds of health care providers and related health services that make health care services in Leon County a multimillion dollar industry lead many to suggest that the key components are in place to address critical health care needs and problems.

Conversely, these same factors also lead some to question why, with the diverse range of resources in Leon County, there are segments in the community with limited access or no access at all to the kind of care that all evidence concludes makes a difference in healthy individuals and healthy communities. These, as well as other factors, constitute the backdrop in which the study was conducted and opinions, perceptions, and viewpoints were shared about the need for women's health services and health services in general.

1.2 *Scope of This Report and Methodology*

The study conducted by MGT and this report address whether there is a need for services for women and children who are uninsured and underserved. This report examines this issue and provides recommendations for addressing the health care services to uninsured and underserved women and children in Leon County. Clearly outlining the scope and parameters of the study and this report are important for several reasons. The first is that health disparities and health care for uninsured and lower income individuals is a very critical issue in this community. This factor coupled with the increase in the MSTU and the fact that the dollars were appropriated for women's health services prior to completion of this study created a set of circumstances that we typically do not encounter in conducting these types of studies. Throughout this study, there were stakeholders and interested parties who wanted to address a range of health c are issues and questions that are extremely important, but were beyond the scope of this particular study.

The RFP issued by Leon County requested a study to evaluate the "establishment of a women's health care center at Bond Community Health Clinic," and the need for health care services for uninsured and underserved women and children. As such, the scope and parameters of this study were limited to evaluating the need for women's and children's health care services, although we recognize the importance of the related issues that surfaced during the course of this stu dy.

The methodology for the study is based on the collection and analysis of both quantitative and qualitative data. Given the considerable interest and viewpoints related to the issue of health care services for women, MGT felt that it was important to not only compile and analyze a comprehensive array of health status and health indicator related data, but to also solicit opinions, perspectives, and viewpoints from a diverse group of

stakeholders. To do so, MGT staff interviewed, talked with, and listened to community residents, women who are potential service users, women who are currently users of services, health care providers, community-based organizations, policymakers, and others in the course of completing the study. MGT staff also conducted focus groups, attended meetings where health care was a major focus, and BOCC meetings related to the MSTU. MGT took the following steps to ensure that a systematic methodology was followed:

- worked closely with Leon County staff and other stakeholders to gain a comprehensive understanding of the study's background and goals, including the current women's health care issues and needs confronting this community;
- collected, compiled, and analyzed health data from multiple sources;
- reported project status monthly to our project manager to include information on work completed, work planned for the next month, and any preliminary findings or issues to be addressed;
- reviewed and analyzed existing documents and reports relevant to women's health care in Leon County, including reports, data, and working papers collected by or produced by a diverse group of entities;
- conducted interviews with key stakeholders in the Bond community, health care providers, and other stakeholders to develop an understanding of their views on women's health care;
- reviewed and evaluated women's health care delivery models to assist in identifying alternative models in terms of their applicability to Leon County;
- identified sources of funds available for women's health services; and
- developed recommended delivery model, included in the model are descriptions of:
  - service area;
  - services provided;
  - targeted patients; and
  - funding.

1.3 Overview of the Report

This report provides Leon County with the results of MGT's analysis and includes:

- **Status of Women's Health Care (Chapter 2.0):** Provides information on the status of women's health, major women's health issues, and the role of women's health care services.

- **Assessment of the Need for Women's Health Services (Chapter 3.0):** Provides an analysis of health status data and a summary of critical health service needs for uninsured and low-income women and children in Leon County.

- **Alternative Models for Women's Health Services (Chapter 4.0.):** Provides a "state of the art" review of the methods currently being used to deliver health care services to wom en.

- **Recommended Models and Implementation Plans (Chapter 5.0):** Provides a series of recommendations for women's health services, including the kind of services, location of services, service delivery models, and funding require ments and options.

2.0 STATUS OF WOMEN'S HEALTH CARE

2.0 STATUS OF WOMEN'S HEALTH CARE

The American Health Care System has been experiencing a radical evolution for the past 50 years. Methods of payment, levels of insured benefits, provider performance, standards of quality, and myriad other components of the system have been the targets of intense examination and reengineering since the 1950s. The early stages of this revolution, however, did not address the devastating deficiencies in women's health care services. Women's health care services were, in the main, narrowly defined under the constricted umbrella of women's reproductive services and the concept of women's health care as a comprehensive set of gender-specific clinical care services did not exist.

Historically, prior to the 1960s, our health care system embraced the erroneous assumption that, other than reproductive services, the clinical care needs of women were essentially the same as those of men, and that those needs could be met utilizing the same medical care practices commonly applied to men. Equally as erroneous was the generally accepted assumption that male physicians totally understood and were fully capable of meeting the clinical care needs of women. As a result, prior to the onset of the women's health movement in the 1960s there were few health centers or health service programs devoted exclusively to meeting the gender-specific clinical care needs of women, except, of course, for reproductive services—mainly family planning and abortion centers. But, the Women's Health Movement launched a global tidal wave of social change that disrupted the status quo and produced extraordinary change in the definition and practice of women's health.

This chapter focuses on the status of women's health, particularly for low-income and minority women who are disportionately impacted by lack of access to health care services. The discussion, data, and information that are provided in this chapter are

designed to provide the backdrop and context for better understanding the state and local data presented in Chapter 3.0 as well as the recommendations in Chapters 4.0 and 5.0.

There is an extensive body of research on women's health issues and the disparities in women's health care. Because the body of research is so extensive, MGT generally focused its attention on the women's health status issues and health factors that are the primary focus of the analysis in Chapter 3.0.

2.1 Research and Women's Health Issues

In recent years, there has been a considerable amount of attention paid to the status of women's health in general and the health disparities of minority women in particular. A diverse group of federal, state, and local government agencies, as well as nonprofit organizations and private foundations, have been studying the problems. These include:

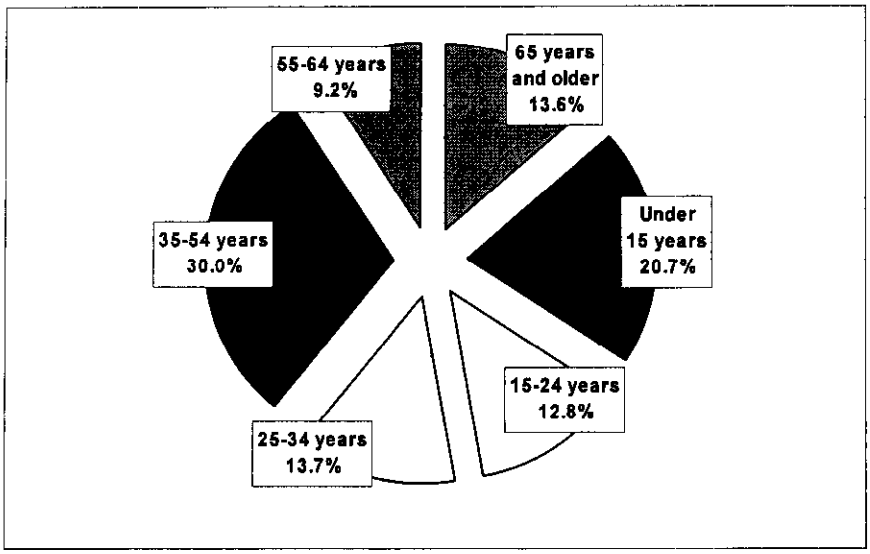
- the Office of Women's Health at DHHS;
- the Centers for Disease Control (CDC);
- National Center for Health Statistics, National Institutes of Health (NIH); and
- the Agency for Health Care Research and Quality (AHRQ).

As pointed out in *The Health of Minority Women* (Office of Women's Health, 2003)

> *Of the 281.4 million persons living in the United States in 2002, 143.4 million (50.9%) are female, and 29.5% of all U.S. citizens are of racial or ethnic minority groups. Of the 143.4 million females, 42.1 million females (or 29.3%) are members of racial and ethnic minority groups. Although these women experience many of the same health problems as White women, as a group, they are in poorer health, they use fewer health services, and they continue to suffer disproportionately from premature death, disease, and disabilities. Many also face tremendous social, economic, cultural, and other barriers to achieving optimal health.*

In 2001, the U.S. Census Bureau reported as shown in Exhibit 2-1 that females under age 34 accounted for 47.2 percent of the female population, those aged 35-64 represented 39.2 percent, and females aged 65 and older accounted for 13 .6 percent.

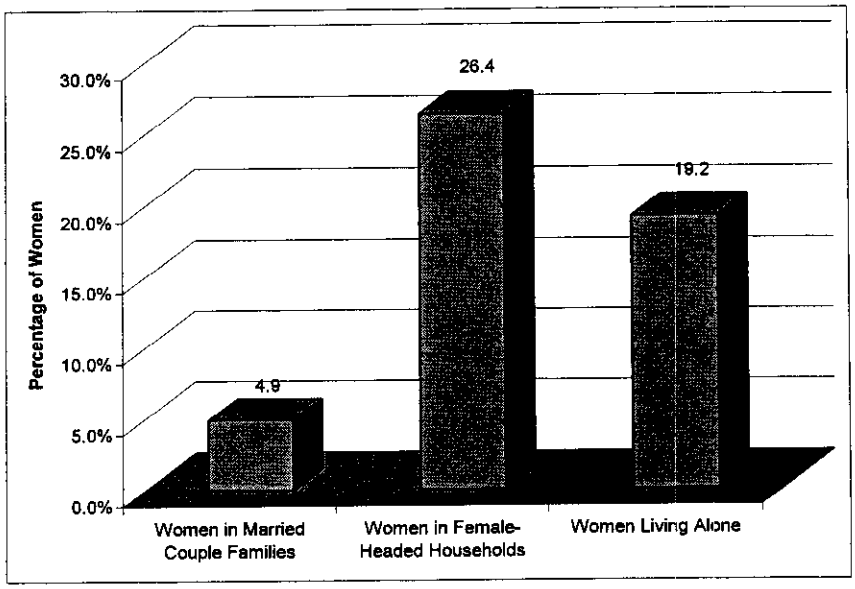
EXHIBIT 2-1
U.S. FEMALE POPULATION



Source: U.S. Census Bureau.

These figures are important because a significant proportion of women live in poverty. In 2001 over 12.8 percent of women were living below the poverty level, and women aged 18-24 were most likely to be poor. What the percentages fail to convey is that there are millions of women who are living very close to the federal poverty level and that women at or below the poverty level typically have children who also live at or below the poverty level. What this means is that many of these women as well as their children are much more likely to have multiple health risk factors that severely impact their lives, particularly women heading households with no spouse. As shown in Exhibit 2-2, women who are the female heads of household make up a greater proportion of women living below the poverty level, placing these women and their children at much greater risk of health disparities.

EXHIBIT 2-2
WOMEN LIVING BELOW THE POVERTY LEVEL, BY HOUSEHOLD TYPE
2001

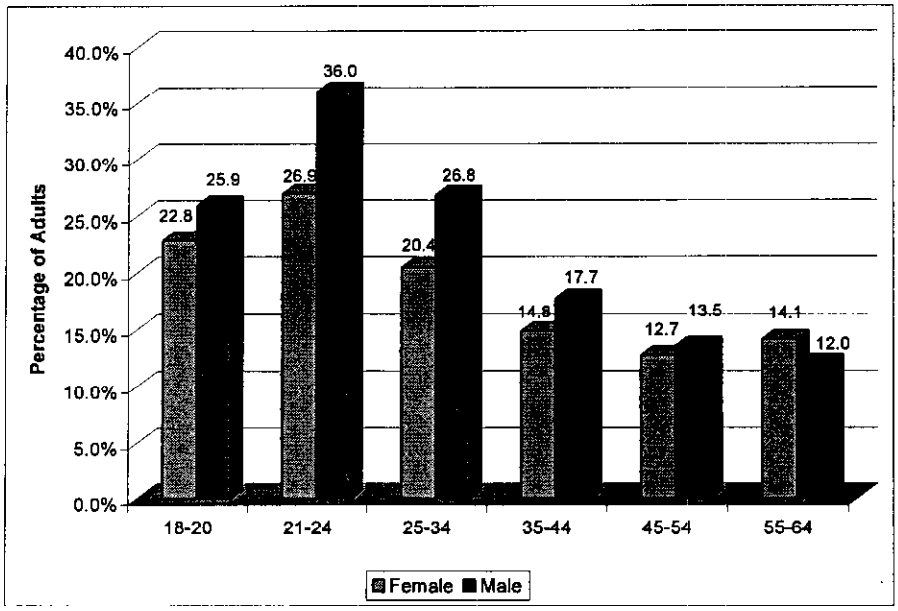


Source: Current Population Survey

The available research is very conclusive in demonstrating that poverty—combined with other social, economic, environmental, and health factors—places uninsured, low-income, and minority women and children at greater risk than women who are significantly above the federal poverty level. However, the available research is equally conclusive in demonstrating the significant health disparities that all women face in this country. For example, the research clearly shows that people with health insurance use more preventive care and are more likely to have a regular or usual source of medical care, whereas people without health insurance tend to make greater use of hospital emergency rooms. Exhibit 2-3 shows that while more males lacked health insurance in 2001, among adults aged 18-54, women were less likely to be uninsured than men, and among persons aged 55-64, women were more likely to be uninsured than men. One of the many issues examined by *Women's Health USA 2003*

is how the availability and access to quality health services directly affects the health of women; one key factor is health insurance coverage.

EXHIBIT 2-3
ADULTS WITHOUT HEALTH INSURANCE
BY AGE AND SEX
2001

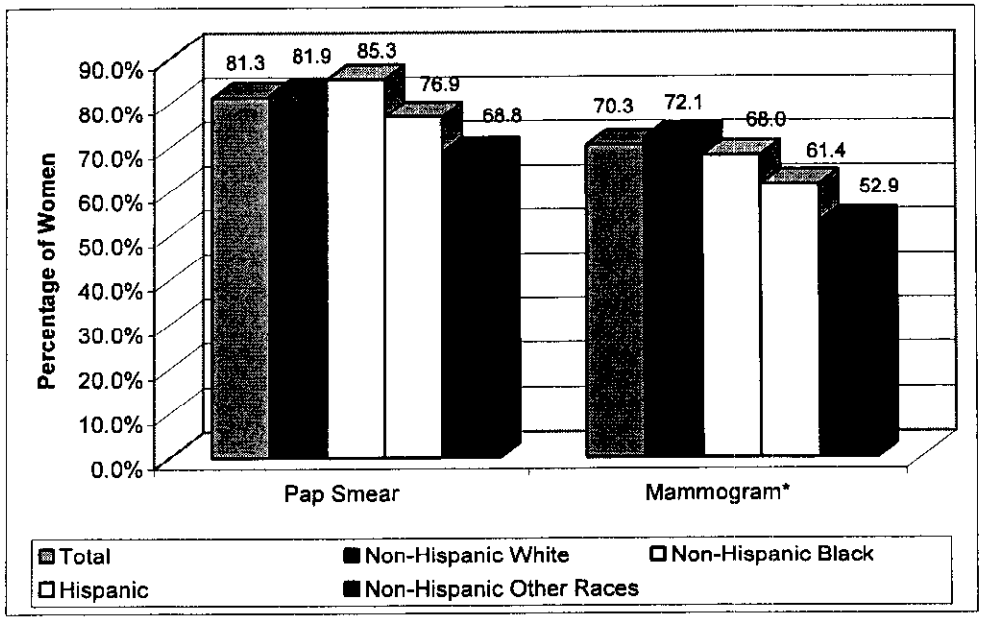


Source: Current Population Survey.

The health services utilization data, including insurance, usual source of care, health care financing and expenditures, and use of preventive, dental, and hospital services reported in *Women's Health USA 2003* is illustrative of the status of women's health.

- Relative to screening for cervical cancer, screenings increased to conform with the 2003 recommendations of the U.S. Preventive Services Task Force that Pap smears should begin three years after sexual activity begins, or at age 21, whichever comes first. According to the National Health Interview Survey, of those women responding, a majority of women of all racial and ethnic groups received a Pap smear and mammogram within the past three years as shown in Exhibit 2-4.

EXHIBIT 2-4
WOMEN'S SELF-REPORT OF PAP SMEARS (IN PAST THREE YEARS) AND MAMMOGRAMS (IN PAST TWO YEARS)
BY RACE/ETHNICITY
2002



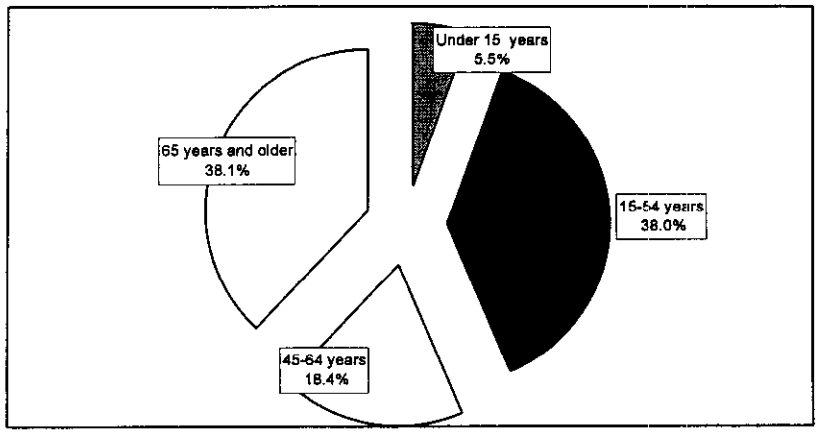
Source: National Health Interview Survey.
*Women aged 40 and older

- In regard to HIV testing, women aged 25-34 years reported the highest rates of ever being tested for HIV (61.4%), and for adults aged 18-44 women were more likely than men to have been tested for HIV.

- Dental care plays an important role in the overall health of women. Women with family incomes below the poverty level were the least likely to have had dental care in the past year (47.5%) and the most likely to have gone five years or more within dental care (22.6%).

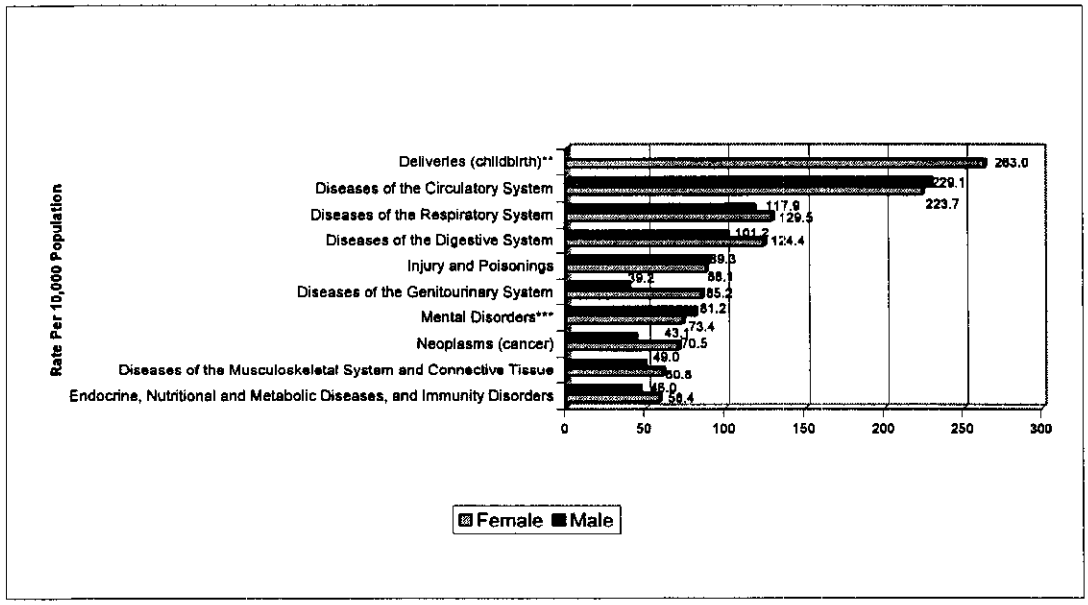
- Exhibits 2-5 and 2-6 show data related to hospitalization for women are highest for women aged 15-44 years. As expected, child birth typically corresponds with this age group and delivery is the most common discharge category. Although females had a much higher hospitalization rate than males (1,350.5 vs. 920.2 per 10,000 population) hospitalization related to circulatory and respiratory diseases are high for both males and females.

EXHIBIT 2-5
DISCHARGES FROM NONFEDERAL SHORT-STAY HOSPITALS FOR FEMALES (ALL AGES), BY AGE
2000



Source: National Hospital Discharge Survey.
Note: Discharges of inpatients from nonfederal hospitals. Excludes newborn infants.

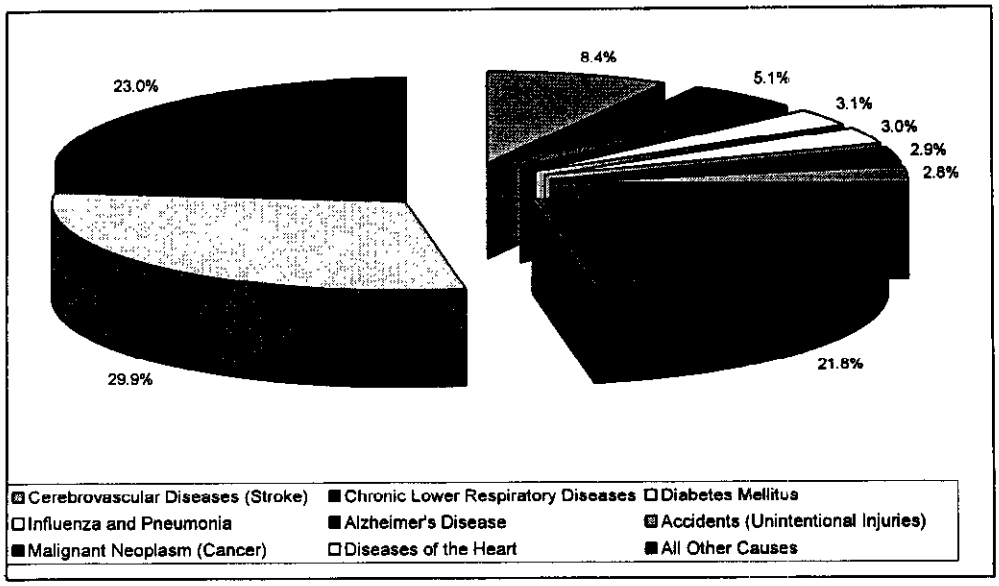
EXHIBIT 2-6
DISCHARGES FROM NONFEDERAL SHORT-STAY HOSPITALS BY SEX AND PRIMARY DIAGNOSIS (ALL AGES)*
2000



Source: National Hospital Discharge Survey.
*Excludes newborn infants
**Not applicable to males
***Includes alcohol and drug dependence syndrone

- Exhibit 2-7 shows the death rates from the four leading causes of death among females. Although not displayed in the exhibit, in 2000, Black females had the highest death rates for diseases of the heart, malignant neoplasms, and cerebrovascular diseases (284.1, 196.6, and 78.1 per 100,000 females, respectively). Non-Hispanic White females had the highest death rates for chronic lower respiratory diseases (41.5 per 100,000 females). Hispanic females had the lowest rates of death for malignant neoplasms and cerebrovascular disease (100.6 and 48.6 per 100,000 females, respectively), whereas Asian/Pacific Islander females had the lowest rates of death for diseases of the heart and chronic lower respiratory diseases (113.8 and 11.5 per 100,000 females, respectively).

EXHIBIT 2-7
LEADING CAUSES OF DEATH IN FEMALES (ALL AGES)
2000



Source: National Vital Statistics System

These and other health status factors have serious implications for this study and for understanding the context for the analysis of health data in Chapter 3.0. In examining the health status of women, the Office on Women's Health has examined women's use of preventive health services as well as minority women's health status and women's health concerns in general. The following provides a summary of key

issues related to this study taken from *The Health of Minority Women* (Office on Women's Health, July 2003):

- Nationally, heart disease is the number one killer of women and is the *leading cause of death* in African American, Latino, American Indian/Alaska native, and White populations. In 1999, more women in the United States died of heart disease and stroke (373,483) compared to all forms of cancer (267,237). Of these women, 11 percent were African American. Several risk factors contribute to the likelihood of women getting heart disease: smoking, high blood pressure (hypertension), high blood cholesterol, obesity, physical inactivity, and a family history of the disease.

- Cancer is the second leading killer of women. For all cancers combined in 1999, death rates for African American women were highest of all women (200 deaths per 100,000). White women were a close second (169 per 100,000), followed by American Indian/Alaska Native women (109 per 100,000), Asian American/ Pacific Islander (104 per 100,000), and Latino women, who had the fewest deaths from all cancers combined (101 per 100,000).

- Breast cancer is the second leading cause of cancer death among all American women. The *incidence rate* of breast cancer—defined as the number of new cases in a given year per 100,000 persons—rose dramatically in the years between 1940 and 1990. Between 1990 and 1997, White women reported the highest incidence of breast cancer (114 per 100,000), and African American women reported the second highest incidence rate (100 per 100,000). For most American women, the mortality rate of breast cancer has steadily declined. However, for older African American women—those 75 years of age and above—the mortality rate has increased since 1990. African American women have the highest mortality rate from breast cancer of all population groups (34.9 per 100,000), which is higher than that of White women (26.6 per 100,000).

- Stroke is the third leading cause of death among American women. Cerebrovascular diseases can result in weakness, paralysis of some parts of the body, difficulties with speech, loss of consciousness, or death. Major risk factors for stroke are similar to those for heart disease, including smoking, high blood pressure, and high blood cholesterol. African American women have the highest death rate from stroke of all women, at 78.1 deaths per 100,000 (in contrast to 57.8 for White women).

- In comparison to other women, women of color often do not get preventive health tests such as screening for cervical cancer (Pap tests), mammograms, or blood pressure screenings. In addition, the likelihood that women will get these preventive tests declines with age. Use of preventive services by all women also differs

significantly depending on their insured status. In 1999, 62 percent of women with health insurance had a Pap test in the past year, while only 48 percent of women without health insurance had a Pap test.

- In 1999, many minority women aged 40 and over had not had a mammogram in the past two years: 27.5 percent of Asian/Pacific Islander women, 27.1 percent of African American women, and 33 percent of Hispanic women. Among American Indian/Alaskan Native women aged 40 and over, 40.1 percent had not had a mammogram in the past two years. (Among White women aged 40 and over, 28.6 percent had not had a mammogram in the past two years.) Among all women age 40 and over, more White women reported having had a mammogram (72.9 percent) than did minority populations. Among minority women aged 40 and over, more than half in each racial/ethnic group reported having had a mammogram during the past two years. It should be noted that in recent years there has been a reduction in wait times for mammography screenings and a steady increase in the number of women receiving mammograms.

- Overweight women are at increased risk for hypertension, heart disease, diabetes, osteoarthritis, and some types of cancer. Risk factors include poor nutrition, physical inactivity, environmental factors (such as education and income level), and genetics. More than three-quarters (78.0%) of African American women between the ages of 20 and 74 were classified as overweight in 1999-2000, and 50.8 percent were classified as obese. In contrast, over half (57.5%) of White women were overweight, and almost one-third (30.6%) were obese.

- In 2000, African American women of all ages had a maternal mortality rate of 20.1 per 100,000 live births, which was more than three times higher than that of White women (6.2 per 100,00 live births). The maternal mortality rate of African American women has decreased significantly over the past four decades, but the striking disparity between these women and White women remains.

- Hispanic women of all ages had a maternal mortality rate of 9.0 per 100,000 live births in 2000, which was higher than that of White women, but more than 50 percent lower than that of African American women.

- Infant mortality, defined as the death of a child before age one, is related to the underlying health of the mother and the availability and use of prenatal and perinatal services. This important indicator of the health of infants and pregnant women is closely related to factors such as maternal health, quality of and access to medical care, socioeconomic conditions, and public health practices. African American women have the highest infant mortality rate (14.1 per

1,000 births); the mortality rate of infants born to White mothers was 5.7.

- African American women accounted for 58 percent of all AIDS cases among women reported through December 2000, although African American women make up only 13 percent of the U.S. female population. This year, the death rate from AIDS in African American women was the highest of any group of American women, at 13 per 100,000. In contrast, the mortality rate from AIDS for White, non-Hispanic females were less than one death (0.7) per 100,000.

- Diabetes mellitus ranks among the top 10 causes of death among all women. More than one-half of all Americans with diabetes are women. From 1990 to 1998, diabetes rates increased 70 percent for women between the ages of 30 and 39. It is much more prevalent among minority females than among their White counterparts. In 2000, this disease was the fourth most common cause of death for African American, American Indian/Alaskan Native, and Hispanic females. (Among White women, diabetes was the seventh leading cause of death in 2000, responsible for 2.8 percent of deaths from all causes.) Although a cure for diabetes does not yet exist, this disease is treatable.

Virtually all of the research, data, and information that MGT examined relating to morality, morbidity, health risk factors, preventive services, and access to health care conclude that over the full life span of women there are significant disparities in health and access to health care for women in general, and for minority women in particular. Relative to this study, all of the national data show that the low-income uninsured women who are the primary focus of this study are at much greater risk due to heart disease, stroke, cancer, diabetes, obesity, and lifestyle choices such a physical inactivity and preventive screening. These factors should be considered in examining the analysis that follows in Chapter 3.0.

3.0 ASSESSMENT OF THE NEED FOR WOMEN'S HEALTH SERVICES

3.0 ASSESSMENT OF THE NEED FOR WOMEN'S HEALTH SERVICES

3.1 Introduction

This chapter presents findings from our review and analysis of demographic and health care related data for Leon County geographic units as well as a summary of input provided by community stakeholders. The intent of the analysis of data elements was to support a data-driven assessment of the need for women's and children's health services. The intent of soliciting the opinions, perceptions, and viewpoints of stakeholders was to gain a better understanding of the issues and concerns related to the need for women's health services.

This chapter includes the following:

- a discussion of our data sources and methods used in acquiring and analyzing pertinent data elements;
- presentation of our data findings;
- conclusions indicated by these data elements with regard to the need for women's and children's health services; and
- a summary of perceptions and viewpoints shared by stakeholders related to the need for women's and children's health services at Bond Community Health Clinic.

3.2 Review and Analysis of Data Elements

As noted above, our methodology centered on comparing demographics and health care factors of area populations within Leon County. This required extensive data to define geographic units within the county. This proved challenging in that most sources for health-related data do not maintain data below the county level. We engaged in an exhaustive search for pertinent data elements at the required level through consultation with the following organizations:

- Leon County Health Department
- Florida Department of Health
- Center for Disease Control
- American Obesity Association
- Leon County School District
- American Academy of Pediatrics
- Florida State University Center for Economic Forecasting
- American Heart Association
- American Diabetes Association
- Leon County Planning Department
- Leon County Central GIS Mapping Office
- U.S. Census Bureau
- U.S. Department of Health and Human Services
- Florida Agency for Health Care Administration
- State of Florida Vital Statistics
- Agency for Workforce Innovation
- Tallahassee Memorial Regional Medical Center
- Medergy Healthcare Information Management Company Inc.

The primary source of subcounty health statistics that we found was Medergy Healthcare Information Management Company Inc., which provided ZIP code level data to us from the data warehouse compiled by the *Comprehensive Assessment for Tracking Community Health (CATCH): Leon County*. The CATCH report was completed under the auspices of the Center for Healthcare Outcomes at the University of South Florida. The following specific state and national data sources were used to construct the CATCH data warehouse used by Medergy in supplying ZIP code specific data elements for this study:

- AHCA Certificate of Need Office
- AHCA Hospital Discharge Tapes
- AHCA Medicaid Program Analysis Office
- Florida Behavioral Risk Factor Surveillance Survey
- ESRI Demographics
- Florida Department of Education
- Florida Department of Insurance
- Florida Department of Children & Family Economic Services
- Florida Bureau of STD Control/Prevention
- Bureau HIV/AIDS
- Florida DOH, Bureau of Epidemiology
- Florida Abuse Hotline Information System
- Florida Cancer Data System, University of Miami
- Florida Department of Juvenile Justice

- Florida Department of Law Enforcement
- Florida Department of Highway Safety & Motor Vehicles
- Florida Department of Labor & Employment Security
- Florida Statistical Abstract
- Florida Vital Statistics
- Census Bureau
- Department of Commerce

In addition, we acquired Food Stamp recipient and Healthy Start data by ZIP code from the Florida Department of Health and the Leon County Health Department. For all health-related data elements, the most recent data available were used, though demographic related data were derived from the 2000 U.S. Census.

Using ZIP code boundaries as a unit for comparison of data elements is less than perfect, but the best means that was available to us for such comparisons, especially when attempting to align comparisons by community names within Leon County (e.g., Bond or Capitola). Other than census tracts for Frenchtown and Bond, census track boundaries of other county communities are not uniformly recognized or readily available according to community planners and other officials with whom we conferred. Also, as mentioned, sources for health-related data elements sorted by census tract do not exist. Additionally, we learned from several sources such as the Leon County Planning Department and Tallahassee Leon County GIS Central Mapping Office that there is no authoritative or widely recognized map of Leon County that clearly identifies and aligns community names by ZIP codes. As a result, we relied upon the county ZIP code map provided to us by the Tallahassee Leon County GIS Mapping Office and Medergy Healthcare Information Management Company Inc. A copy is provided in Appendix A.

We applied our best judgment in assigning recognizable community names that reasonably match or are included within the ZIP code areas. It should be noted that prominent community names that we used, such as Bond, Betton Hills, or Frenchtown/ West Tennessee, are intended as descriptors of the ZIP code areas, not as perfect

boundary matches. Again, although this is not a precise definition and comparison of the Bond community with other areas of the county, it does offer the best comparison available within the parameters for which data are available. The Southside/Bond community (ZIP code 32301) includes low-income neighborhoods around the Orange Avenue to Appalachee Ridge areas. Due to its relatively close proximity to the Bond Community Health Clinic, we considered the Southside/Bond community to be within the service area in which women's and children's services could be provided.

For the initial group of data elements, consisting of demographic items, we relied on the U.S. Census Bureau as our source. The Census Bureau does not offer maps showing boundaries of U.S. Postal Service ZIP codes. Since postal ZIP codes are difficult to precisely map and do not correspond precisely with the Census blocks/tracts, the Census Bureau has created what it calls "ZIP code Tabulation Areas" (ZCTAs) that are close approximations of the postal ZIP code regions. This definition of postal regions was developed to overcome the difficulties in precisely defining the land area covered by each ZIP code.

Through use of ZCTAs, the U.S. Census Bureau defines Leon County with seven ZIP code areas that encompass the ten ZIP code areas identified by the Tallahassee Leon County GIS mapping office as follows:

- 32301=32301
- 32303=32303
- 32304=32304
- 32308=32308 and 32309
- 32310=32310 and half of 32305
- 32311=32311, 32317, and half of 32 305
- 32312=32312

As a result, our initial presentation of census data includes a delineation of seven ZIP codes representing Leon County geographic areas.

This is followed by the presentation of health-related data elements that include ten ZIP code areas delineating the geographic area of Leon County. Data files from our primary source for health-related data (Medergy Healthcare Information Management Company Inc.) are defined according to a ten ZIP code delineation of Leon County that matches the delineation provided by the Tallahassee Leon County GIS Mapping Office. It should be noted that ZIP codes 32306 and 32307 were not included in our analysis since they represent the Florida Agricultural and Mechanical University and Florida State University campuses, which are considered transient student populations for the purpose of this study. Both of these ZIP codes are composed entirely of university boundaries and do not include any of the surrounding neighborhoods.

We were able to successfully acquire most of the data elements listed in the RFP. However, herpes rates were not obtainable as they are not tracked by any of the aforementioned data sources. Also, enteric disease rates and the percentage of obese adults were not available below the county level. The percentage of obese children was also not available at any level among the data sources that were available for this study. The Leon County School District has begun tracking body mass index this year among county school children. However, this tracking data will not be available until later this calendar year at the earliest. Additional data elements that we were able to acquire and include in our analysis included hypertension rates, the number of food stamp recipients by Leon County ZIP code, and the number of Healthy Start Program participants by ZIP code.

The following sections present findings from our collection and presentation of data elements related to the need for women's and children's health services.

3.3 Demographic Data Elements

This section presents findings for the initial list of demographic elements required as a basis for assessing the need for women's and children's health services. As stated earlier, we relied primarily on the U.S. Census Bureau (2000) for these data. Data elements are delineated according to seven intercounty ZIP code divisions used by the Census Bureau. Results for each ZIP code area are tabled in descending order for each of the demographic related data elements. In addition, bar charts are provided for the percentage of female headed households, the unemployment rate, and the percentage of high school graduates. These bar charts provide a comparison of the ZIP code areas with state and national data.

3.3.1 Population Data

Exhibit 3-1 below displays general population data for each ZIP code. The ZIP code areas containing the Bond community (32310) and Southside/Bond community (32301) contain a substantial portion of the Leon County population. With 30,498 people residing in the Bond community, and 27,057 people in the Bond/Southside community, these areas comprise nearly one-quarter of the county's population. Although the Bond community experienced the most drastic negative population growth between 1990 and 2000, it was still the fourth most populous ZIP code in the county in 2000. The Bond community shows a median age of 30.8 years, a figure that is slightly above Leon County's average median age. Frenchtown/West Tennessee shows a strikingly young median age of 21.7 years of age.

EXHIBIT 3-1
WOMEN AND CHILDREN
2000 POPULATION DATA BY LEON COUNTY ZIP CODE

ZIP Codes	Community Names	2000 Population
32308	Betton Hills	45,117
32303	North Monroe/Lake Jackson	44,120
32304	Frenchtown/West Tennessee	38,765
32310	**Bond**	**30,498**
32312	Waverly Hills/Killearn Lakes	28,450
32301	**Southside/Bond**	**27,057**
32311	East Apalachee Parkway	25,842
ZIP Codes	**Community Names**	**Population Growth Rate 1990-2000**
32312	Waverly Hills/Killearn Lakes	14.20%
32311	East Apalachee Parkway	13.01%
32301	**Southside/Bond**	**9.59%**
32304	Frenchtown/West Tennessee	3.92%
32308	Betton Hills	-1.86%
32303	North Monroe/Lake Jackson	-2.69%
32310	**Bond**	**-28.04%**
ZIP Codes	**Community Names**	**Median Age as of 2003**
32308	Betton Hills	38.50
32312	Waverly Hills/Killearn Lakes	38.50
32311	East Apalachee Parkway	36.20
32310	**Bond**	**30.80**
32303	North Monroe/Lake Jackson	29.70
32301	**Southside/Bond**	**25.90**
32304	Frenchtown/West Tennessee	21.70

Source: U.S. Census Bureau, 2000.

3.3.2 Population Data Regarding Women and Children

Exhibit 3-2 displays demographic information specific to women and children in these communities. This includes the number of children under the age of 19 and the number of women aged 10-80 years of age. Key factors include:

- The range of difference between communities regarding the proportion of the female population is fairly close (50.72% - 54.27%) and therefore not particularly significant.
- Bond community shows the highest percentage of children to age 19 (31.30 %) and Southside/Bond was among the lowest (25.96%). Since communities ranged from 25 to 31 percent population composed of children to age 19, differences between communities are not particularly significant.

- Of the seven ZIP codes analyzed, Southside/Bond community showed the highest percentage of female residents aged 10-80 years of age (49.9%) and Bond community the lowest (43.41%). However, with a range across all communities of approximately 43 to 49 percent, these differences do not appear to be significant.

- Even though Bond community showed the highest proportion of children to age 19 and the lowest percentage of female residents, the range and spread of these differences across Leon County ZIP codes does not appear to convey any significant findings.

EXHIBIT 3-2
PERCENTAGE OF WOMEN AND CHILDREN
BY LEON COUNTY ZIP CODE

ZIP Codes	Community Names	Percent Female as of 2002
32301	**Southside/Bond**	**54.27%**
32308	Betton Hills	53.29%
32311	East Apalachee Parkway	53.25%
32303	North Monroe/Lake Jackson	52.31%
32310	**Bond**	**51.42%**
32312	Waverly Hills/Killearn Lakes	51.38%
32304	Frenchtown/West Tennessee	50.72%
ZIP Codes	**Community Names**	**Percent Children to age 19 as of 2000**
32310	**Bond**	**31.30%**
32312	Waverly Hills/Killearn Lakes	31.02%
32304	Frenchtown/West Tennessee	29.93%
32311	East Apalachee Parkway	28.27%
32301	**Southside/Bond**	**25.96%**
32308	Betton Hills	25.70%
32303	North Monroe/Lake Jackson	25.03%
ZIP Codes	**Community Names**	**Percent Female, aged 10-84, as of 2000**
32301	**Southside/Bond**	**49.09%**
32304	Frenchtown/West Tennessee	47.27%
32308	Betton Hills	45.85%
32303	North Monroe/Lake Jackson	45.79%
32311	East Apalachee Parkway	45.59%
32312	Waverly Hills/Killearn Lakes	43.99%
32310	**Bond**	**43.41%**

Source: U.S. Census Bureau, 2000

3.3.3 *Unemployment Rate*

Unemployment can be a significant quality of life indicator and may indicate higher levels of need for community-based and supported health care services among certain

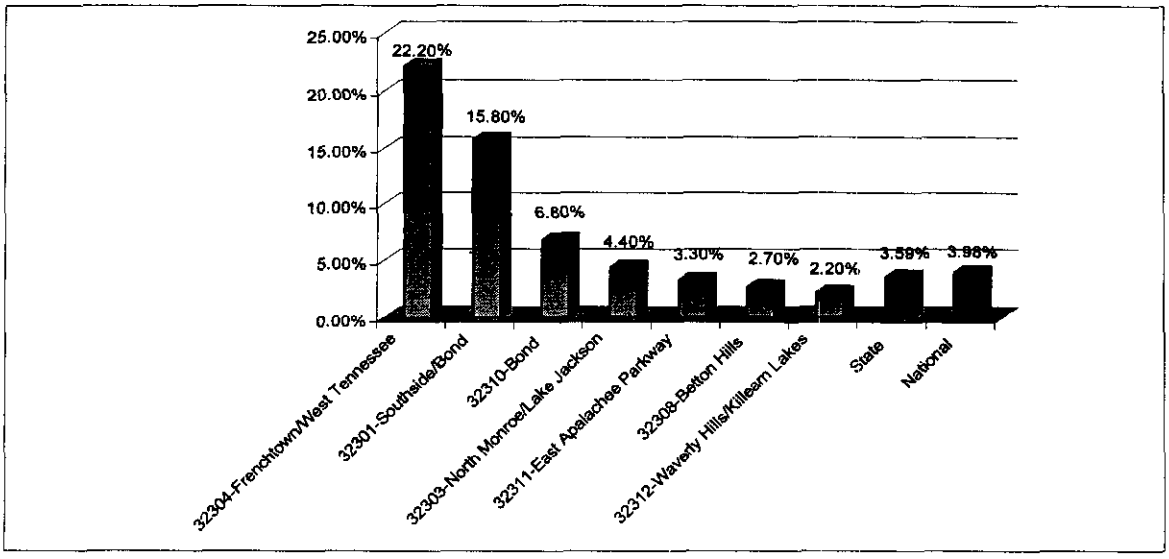
population segments as demonstrated in Exhibit 3-3. Although Frenchtown/West Tennessee had the highest unemployment rate of 22.20 percent, both the Southside/Bond community (15.8%) and the Bond community (6.8%) had the second and third highest unemployment rate, respectively. As demonstrated in Exhibit 3-4, unemployment rates in both ZIP codes far exceeded state and national averages.

EXHIBIT 3-3
2000 UNEMPLOYMENT RATE BY LEON COUNTY ZIP CODE

ZIP Codes	Community Names	Unemployment rate as of 2000
32304	Frenchtown/West Tennessee	22.20%
32301	**Southside/Bond**	**15.80%**
32310	**Bond**	**6.80%**
32303	North Monroe/Lake Jackson	4.40%
32311	East Apalachee Parkway	3.30%
32308	Betton Hills	2.70%
32312	Waverly Hills/Killearn Lakes	2.20%

Source: Florida Agency for Workforce Innovation and U.S. Census Bureau, 2000.

EXHIBIT 3-4
2000 UNEMPLOYMENT RATE BY LEON COUNTY ZIP CODE AND STATE AND NATIONAL RATES



Source: U.S. Department of Labor, Bureau of Labor Statistics.

3.3.4 High School Graduation Rates

In addition to unemployment rate, the percentage of high school graduates is a significant quality of life indicator and important to the economic health and overall well-being of communities. As shown in Exhibit 3-5, the Bond community has the lowest percentage of high school graduates in Leon County (slightly under 75 percent), which is drastically lower than the remainder of the county, generally above 90 percent.

EXHIBIT 3-5
2000 HIGH SCHOOL GRADUATION RATES BY LEON COUNTY ZIP CODE

ZIP Codes	Community Names	Percent High School Graduates as of 2000
32312	Waverly Hills/Killearn Lakes	94.24%
32301	**Southside/Bond**	**92.97%**
32308	Betton Hills	92.55%
32303	North Monroe/Lake Jackson	91.69%
32304	Frenchtown/West Tennessee	90.50%
32311	East Apalachee Parkway	86.38%
32310	**Bond**	**74.88%**

Source: U.S. Census Bureau, 2000.

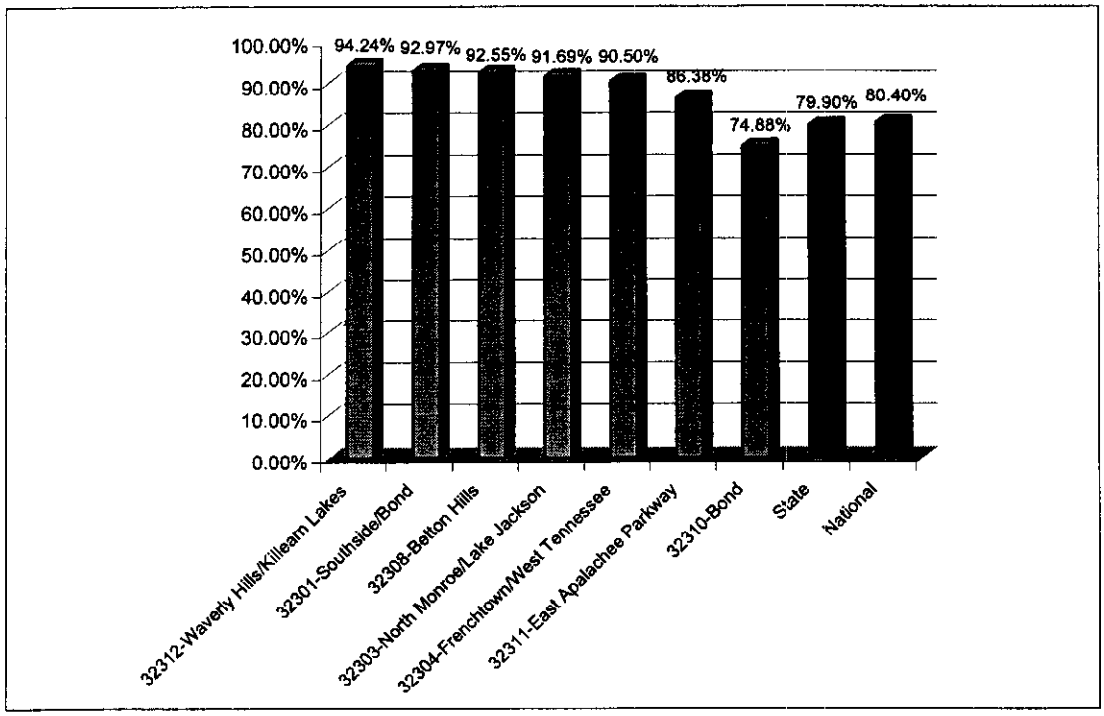
The disparity of high school graduates between communities in Leon County is graphically illustrated in Exhibit 3-6 in comparison with state and national data. Unlike the remainder of Leon County, the Bond community is significantly behind state and national high school graduation rates.

3.3.5 Female Headed Households

The proportion of female-headed households can be an indicator of increased need for health care and other human care services for women and children. Key findings displayed in Exhibits 3-7 and 3-8 below include the following:

- The Southside/Bond community had the highest percentage of female headed households (26.51%).
- The Bond community had the third highest percentage of female headed households (19.03%).
- When compared with state and national averages, the percentage of female headed households in Bond and Southside/Bond was higher than both state and national rates.

EXHIBIT 3-6
2000 HIGH SCHOOL GRADUATION RATES: COUNTY ZIP CODE AREAS COMPARED WITH STATE AND NATIONAL AVERAGES



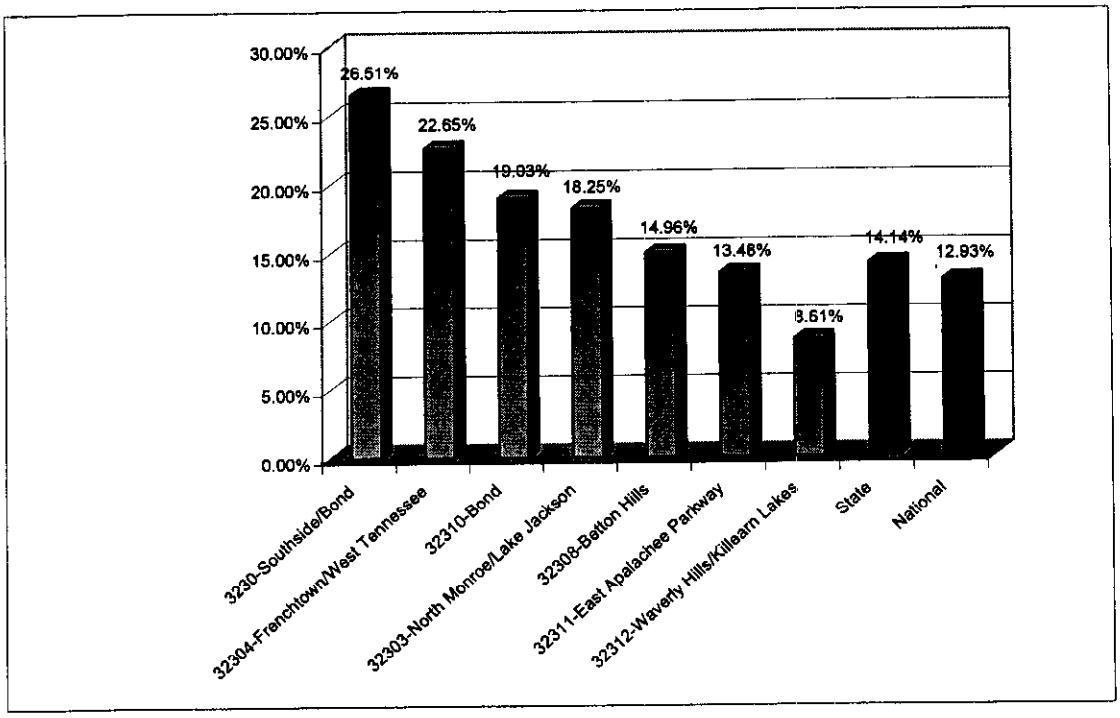
Source: U.S. Census Bureau, 2000.

EXHIBIT 3-7
FEMALE HEADED HOUSEHOLDS BY LEON COUNTY ZIP CODE, 2000 DATA

ZIP Codes	Community Names	Percent of Female Headed Households as of 2000
32301	**Southside/Bond**	**26.51%**
32304	Frenchtown/West Tennessee	22.65%
32310	**Bond**	**19.03%**
32303	North Monroe/Lake Jackson	18.25%
32308	Betton Hills	14.96%
32311	East Apalachee Parkway	13.48%
32312	Waverly Hills/Killearn Lakes	8.61%

Source: U.S. Census Bureau, 2000.

EXHIBIT 3-8
FEMALE HEADED HOUSEHOLDS: COUNTY ZIP CODE AREAS COMPARED WITH STATE AND NATIONAL AVERAGES, 2000 DATA



Source: U.S. Census Bureau, 2000.

3.4 Health-Related Data Elements

This section presents findings from our assessment of numerous data elements reflecting health indicators across the various Leon County communities. As mentioned earlier, the majority of our health care data elements were acquired from Medergy Healthcare Information Management Company Inc. which uses a ten ZIP code delineation of Leon County. Therefore, all remaining tables and charts included in this chapter will show ten Leon County ZIP codes rather than the seven ZIP code delineation used in the previous section.

Also, in those cases where rate per 100,000 population is provided within County ZIP code data, it should be understood as a rate for comparison purposes, since no Leon

County ZIP codes contain 100,000 people. Also, concerning subsequent tables in this chapter that show a rate of incidents or cases per 100,000 by Leon County ZIP code, the total number of cases shown for each ZIP code is linked to that ZIP code population for comparison purposes by calculating a rate per 100,000 as follows: the total number of cases reported times 100,000 divided by the ZIP code population. Disease-related preventable hospitalizations reported in subsequent tables are reported as a rate per 10,000 population, and are calculated in the same manner as the rate per 100,000 discussed above.

3.4.1 Low and Very Low Birth Rates

Exhibits 3-9, 3-10, and 3-11 present findings for a group of data elements that are strong indicators of increased levels of need for specialized women's prenatal health care: low birth weight rates (less than 2,500 grams) and very low birth weight (less than 1,500 grams).

Infants born in the low birth weight category and the very low birth weight category require additional health care at the time of and following birth. These infants typically are at much greater risk as well as posing potential long-term health related problems than infants of average birth weight. Elevated rates of low birth rate can also indicate increased need for community-based and specialized prenatal care for mothers. Key findings concerning these important data elements include:

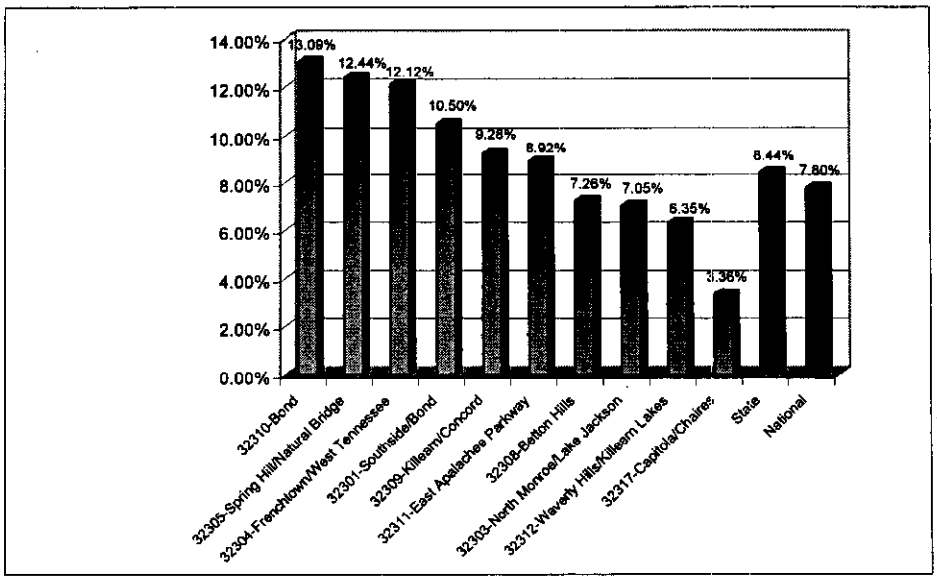
- Bond community shows the highest occurrence of low birth weight at 13.09 percent (39 births). This is more than double the rates in some of the other neighborhoods and communities.
- Southside/Bond has the second highest occurrence of very low birth weight at 3.36 percent (10 births).
- As shown in Exhibits 3-10 and 3-11, Bond and Southside/Bond communities have significantly higher low and very low birth rates in comparison with state and national averages.
- Bond community shows more than double the rate of very low birth weight rates when compared with state and national rates, as shown in Exhibit 3-11.

EXHIBIT 3-9
PERCENTAGE OF LOW AND VERY LOW BIRTH WEIGHT BY LEON COUNTY ZIP CODE AS A PROPORTION OF TOTAL LIVE BIRTHS, 2002 DATA

ZIP Codes	Community	Percent of Low Birth Weights	Total Number of Low Birth Weights
32310	**Bond**	**13.09**	**39**
32305	Spring Hill/Natural Bridge	12.44	28
32304	Frenchtown/West Tennessee	12.12	40
32301	**Southside/Bond**	**10.50**	**38**
32309	Killearn/Concord	9.28	27
32311	East Apalachee Parkway	8.92	14
32308	Betton Hills	7.26	18
32303	North Monroe/Lake Jackson	7.05	40
32312	Waverly Hills/Killearn Lakes	6.35	19
32317	Capitola/Chaires	3.36	4
ZIP Codes	**Community**	**Percent of Very Low Birth Weights**	**Total Number of Very Low Birth Weights**
32311	East Apalachee Parkway	4.46	7
32301	**Southside/Bond**	**4.14**	**15**
32305	Spring Hill/Natural Bridge	3.56	8
32310	**Bond**	**3.36**	**10**
32304	Frenchtown/West Tennessee	2.42	8
32309	Killearn/Concord	2.06	6
32317	Capitola/Chaires	1.68	2
32312	Waverly Hills/Killearn Lakes	1.67	5
32303	North Monroe/Lake Jackson	1.59	9
32308	Betton Hills	0.81	2

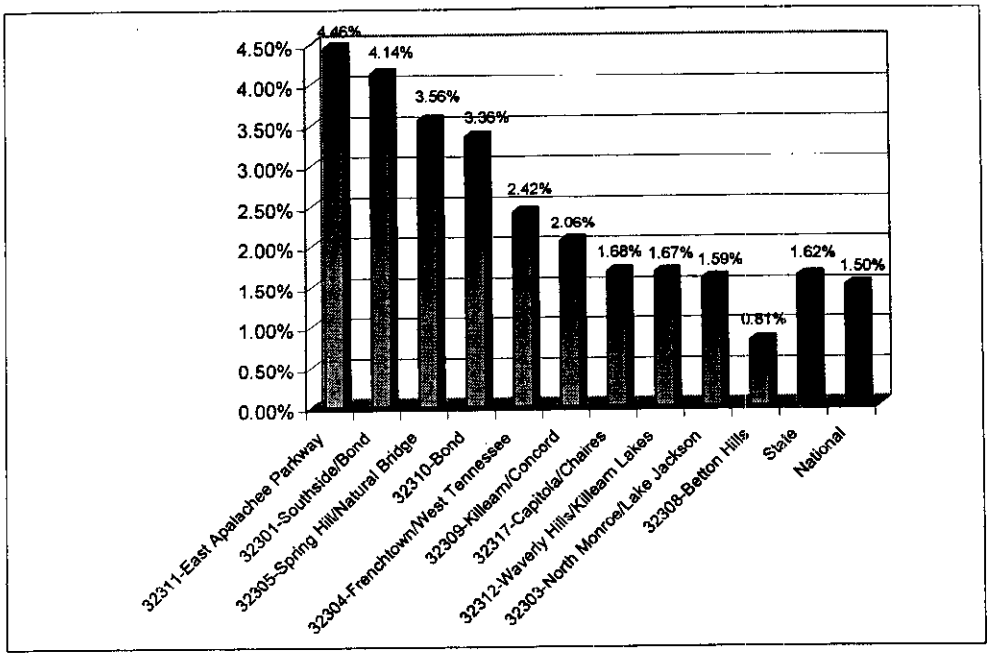
Source: Medergy Healthcare Information Management Company Inc. - Comprehensive Assessment for Tracking Community Health: Leon County, data warehouse.

EXHIBIT 3-10
PERCENTAGE LOW BIRTH WEIGHT BY LEON COUNTY ZIP CODE AS A PROPORTION OF TOTAL LIVE BIRTHS COMPARED WITH STATE AND NATIONAL RATES, 2002 DATA



Source: Medergy Healthcare Information Management Company Inc. - Comprehensive Assessment for Tracking Community Health: Leon County, data warehouse

EXHIBIT 3-11
PERCENTAGE OF VERY LOW BIRTH WEIGHTS BY LEON COUNTY ZIP CODE AS A PROPORTION OF TOTAL LIVE BIRTHS COMPARED WITH STATE AND NATIONAL RATES, 2002 DATA



Source: Medergy Healthcare Information Management Company Inc. - Comprehensive Assessment for Tracking Community Health: Leon County, data warehouse

3.4.2 Teen Birth Rates

Rates of teen births (ages of 10 and 17) can be an indicator of need for increased health care and other services, especially in low-income neighborhoods. As shown in Exhibits 3-12 and 3-13:

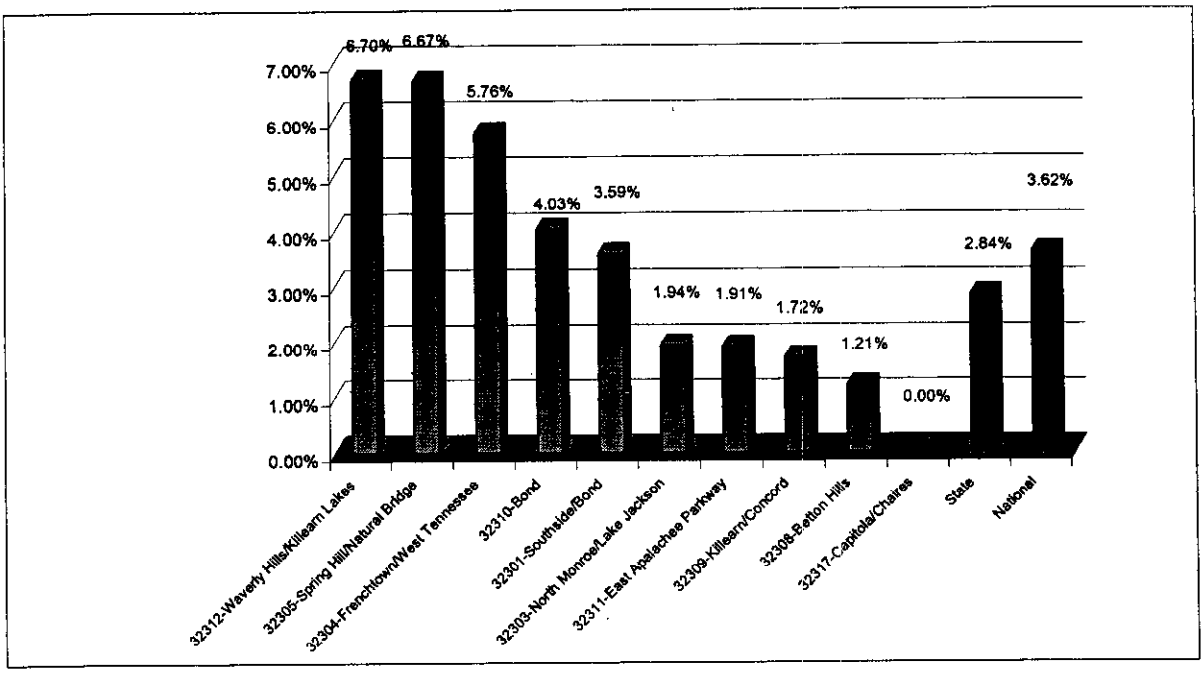
- The Spring Hill and Frenchtown communities have the highest rates, followed by the Bond community, which has the third highest percentage of teen births in Leon County (4.03%, 12 births).
- Rate of teen births in four communities, including Bond, were higher than both the state and national rates.
- The Southside/Bond community has a rate of teen birth greater than the state average.

EXHIBIT 3-12
TEEN BIRTH RATES BY LEON COUNTY ZIP CODE AS A PERCENTAGE OF TOTAL LIVE BIRTHS, 2002 DATA

ZIP Codes	Community	Percent of Teen Births (10-17)	Total Number of Teen Births (10-17)
32305	Spring Hill/Natural Bridge	6.67	15
32304	Frenchtown/West Tennessee	5.76	19
32310	**Bond**	**4.03**	**12**
32301	**Southside/Bond**	**3.59**	**13**
32303	North Monroe/Lake Jackson	1.94	11
32311	East Apalachee Parkway	1.91	3
32309	Killearn/Concord	1.72	5
32308	Betton Hills	1.21	3
32312	Waverly Hills/Killearn Lakes	0.67	2
32317	Capitola/Chaires	0.00	0

Source: Medergy Healthcare Information Management Company Inc. - Comprehensive Assessment for Tracking Community Health: Leon County, data warehouse

EXHIBIT 3-13
TEEN BIRTH RATE BY LEON COUNTY ZIP CODE AS A PERCENTAGE OF TOTAL LIVE BIRTHS COMPARED WITH STATE AND NATIONAL AVERAGES, 2002 DATA



Source: Medergy Healthcare Information Management Company Inc. - Comprehensive Assessment for Tracking Community Health: Leon County, data warehouse

3.4.3 Neonatal and Infant Mortalities

Neonatal mortalities and infant mortalities are also important indicators of prenatal and child health care needs within communities. Neonatal mortality is described as death occurring within the first 30 days after birth, whereas infant mortality is described as death occurring within the first 365 days after birth. The following is apparent from data shown below in Exhibits 3-14, 3-15, and 3-16:

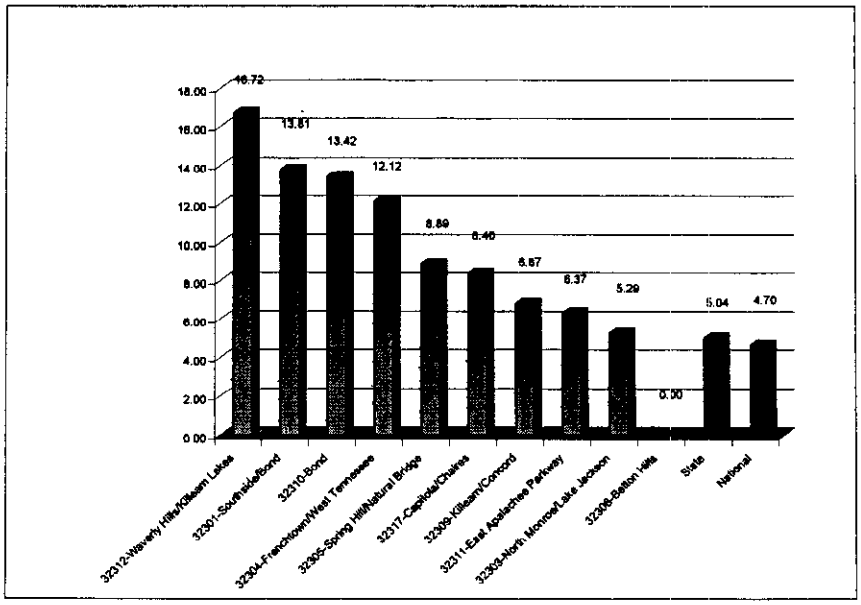
- The 32312 area (Waverly Hills) had the highest rate and the Southside/Bond and the Bond communities had the second and third highest rate of neonatal mortalities per 1,000 births within Leon County (13.81 and 13.42, respectively).
- Exhibit 3-15 shows that both the Southside/Bond and the Bond communities had *more than double the amount* of neonatal mortalities per 1,000 births when compared with state and national rates (13.81 and 13.42 compared with Florida's rate of 5.04 and the national rate of 4.7).
- The Bond community had the highest rate of infant mortalities per 1,000 births (20.13), which is considerably higher than most of the remainder of the county and alarmingly higher than Florida's rate of 7.53 and the national rate of 7.0.
- According to Exhibits 3-15 and 3-16, seven of ten ZIP code/communities are above the state and national average, and four of ten ZIP code/communities have more than double the amount of infant mortalities per 1,000 when compared with state and national rates.

EXHIBIT 3-14
NEONATAL AND INFANT MORTALITY RATES PER 1,000 LIVE BIRTHS BY LEON COUNTY ZIP CODE, 2002 DATA

ZIP Codes	Community	Neonatal Mortality Rate per 1,000 Live Births	Total Number of Neonatal Mortalities
32312	Waverly Hills/Killearn Lakes	16.72	5
32301	**Southside/Bond**	**13.81**	**5**
32310	**Bond**	**13.42**	**4**
32304	Frenchtown/West Tennessee	12.12	4
32305	Spring Hill/Natural Bridge	8.89	2
32317	Capitola/Chaires	8.40	1
32309	Killearn/Concord	6.87	2
32311	East Apalachee Parkway	6.37	1
32303	North Monroe/Lake Jackson	5.29	3
32308	Betton Hills	0.00	0
ZIP Codes	**Community**	**Infant Mortality Rate per 1,000 Live Births**	**Total Number of Infant Mortalities**
32310	**Bond**	**20.13**	**6**
32312	Waverly Hills/Killearn Lakes	20.07	6
32305	Spring Hill/Natural Bridge	17.78	4
32304	Frenchtown/West Tennessee	15.15	5
32301	**Southside/Bond**	**13.81**	**5**
32303	North Monroe/Lake Jackson	8.82	5
32317	Capitola/Chaires	8.40	1
32309	Killearn/Concord	6.87	2
32311	East Apalachee Parkway	6.37	1
32308	Betton Hills	0.00	0

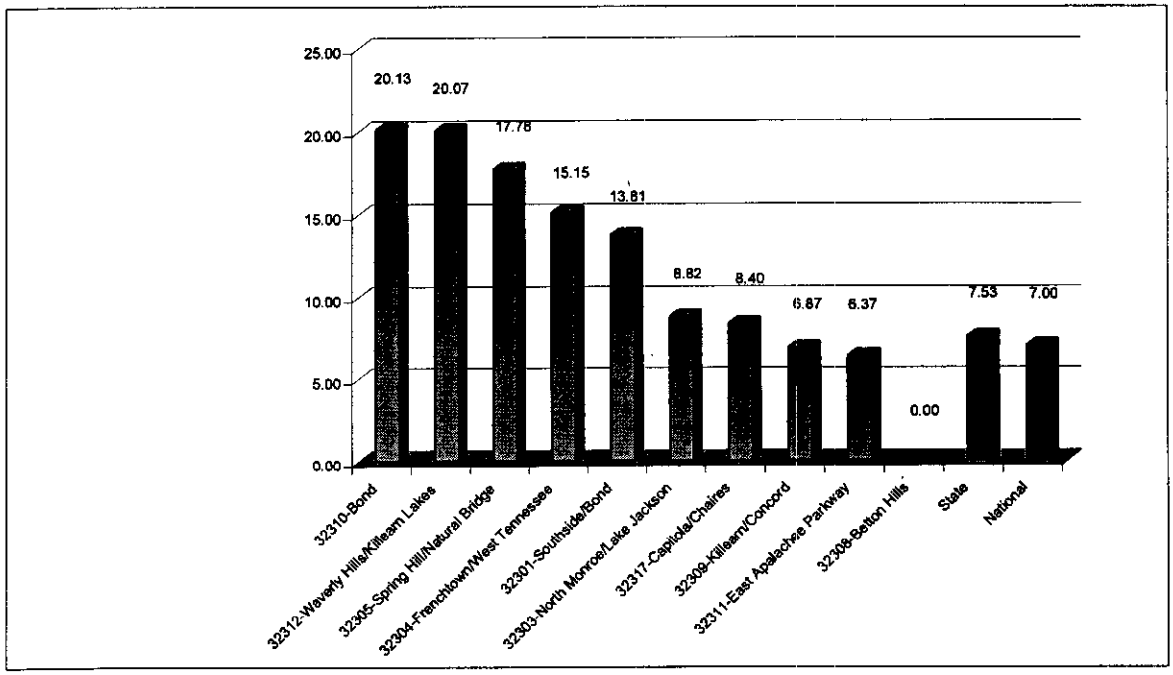
Source: Medergy Healthcare Information Management Company Inc. - Comprehensive Assessment for Tracking Community Health: Leon County, data warehouse

EXHIBIT 3-15
NEONATAL MORTALITY RATES PER 1,000 LIVE BIRTHS: COMPARISON OF LEON COUNTY ZIP CODE RATES WITH STATE AND NATIONAL AVERAGES, 2002 DATA



Source: Medergy Healthcare Information Management Company Inc. - Comprehensive Assessment for Tracking Community Health: Leon County, data warehouse

EXHIBIT 3-16
INFANT MORTALITY RATES PER 1,000 LIVE BIRTHS: LEON COUNTY ZIP CODE RATES COMPARED WITH STATE AND NATIONAL AVERAGES, 2002 DATA



Source: Medergy Healthcare Information Management Company Inc. - Comprehensive Assessment for Tracking Community Health: Leon County, data warehouse

3.4.4 Motor Vehicle and Work-Related Death Rates

The death rates from motor vehicle crashes and work-related injuries are two additional outcomes that we reviewed. Exhibit 3-17 shows that Capitola/Chairs had the highest death rate (35.67 per 100,000), and the Bond community had the second highest rate of deaths by motor vehicle accidents in Leon County (24.11 per 100,000). The only work-related death occurred in the Waverly Hills/Killearn Lakes area.

EXHIBIT 3-17
NONMEDICALLY RELATED MORTALITY RATES PER 100,000 POPULATION BY LEON COUNTY ZIP CODE, 2002 DATA

ZIP Codes	Community Names	Deaths in Motor Vehicle Crashes (*per 100,000 population)*	Total Number of Deaths in Motor Vehicle Crashes
32317	Capitola/Chaires	35.67	4
32310	**Bond**	**24.11**	**4**
32311	East Apalachee Parkway	9.45	1
32304	Frenchtown/West Tennessee	7.21	3
32301	**Southside/Bond**	**7.16**	**2**
32309	Killearn/Concord	6.84	2
32305	Spring Hill/Natural Bridge	5.33	1
32308	Betton Hills	4.96	1
32303	North Monroe/Lake Jackson	4.53	2
32312	Waverly Hills/Killearn Lakes	3.91	1
ZIP Codes	**Community Names**	**Deaths by Work-Related Injuries (*per 100,000 population)**	**Total Number of Deaths by Work-Related Injuries**
32312	Waverly Hills/Killearn Lakes	3.83	1
32301	**Southside/Bond**	**0.00**	**0**
32303	North Monroe/Lake Jackson	0.00	0
32304	Frenchtown/West Tennessee	0.00	0
32305	Spring Hill/Natural Bridge	0.00	0
32308	Betton Hills	0.00	0
32309	Killearn/Concord	0.00	0
32310	**Bond**	**0.00**	**0**
32311	East Apalachee Parkway	0.00	0
32317	Capitola/Chaires	0.00	0

Source: Medergy Healthcare Information Management Company Inc. - Comprehensive Assessment for Tracking Community Health: Leon County, data warehouse
*The total number of cases shown for each ZIP code is linked to the ZIP code population by calculating a rate per 100,000 as follows: the total number of cases reported times 100,000 divided by the ZIP code population.

3.4.5 Death Rates by Suicide and Homicide

As shown in Exhibit 3-18, rates of death by suicide and homicide across Leon County are quite low. The rates for East Apalachee Parkway, Spring Hill, and Waverly Hills are significantly higher than the rates in other communities. The Bond community shows no deaths by suicide and only one death by homicide. The Southside/Bond community had three suicides and one homicide. As such, these rates are so low that they do not provide any us eful or insightful comparison among ZIP code areas.

EXHIBIT 3-18
DEATHS BY SUICIDE AND HOMICIDE PER 100,000 POPULATION BY LEON COUNTY ZIP CODE, 2002 DATA

ZIP Codes	Community Names	Deaths by Suicide (*per 100,000 population)	Total Number of Deaths by Suicide
32311	East Apalachee Parkway	28.35	3
32305	Spring Hill/Natural Bridge	16.00	3
32312	Waverly Hills/Killearn Lakes	15.65	4
32304	Frenchtown/West Tennessee	7.21	3
32301	**Southside/Bond**	**7.16**	**2**
32303	North Monroe/Lake Jackson	6.79	3
32308	Betton Hills	4.96	1
32309	Killearn/Concord	0.00	0
32310	**Bond**	**0.00**	**0**
32317	Capitola/Chaires	0.00	0
ZIP Codes	**Community Names**	**Deaths by Homicide (*per 100,000 population)**	**Total Number of Deaths by Homicide**
32305	Spring Hill/Natural Bridge	10.67	2
32311	East Apalachee Parkway	9.45	1
32310	**Bond**	**6.03**	**1**
32312	Waverly Hills/Killearn Lakes	3.91	1
32301	**Southside/Bond**	**3.68**	**1**
32304	Frenchtown/West Tennessee	2.40	1
32303	North Monroe/Lake Jackson	2.26	1
32308	Betton Hills	0.00	0
32309	Killearn/Concord	0.00	0
32317	Capitola/Chaires	0.00	0

Source: Medergy Healthcare Information Management Company Inc. - Comprehensive Assessment for Tracking Community Health: Leon County, data warehouse
* The total number of cases shown for each ZIP code is linked to the ZIP code population by calculating a rate per 100,000 as follows: the total number of cases reported times 100,000 divided by the ZIP code population.

3.4.6 Medically Related Death Rates

The following exhibits display findings concerning several important health-related data elements that can be key indicators of the need for health care services. These include deaths by lung cancer, deaths by breast cancer, deaths by cardiovascular diseases, and deaths by gynecological cancers (such as cervical, uterine, and ovarian cancers). Key findings are highlighted below:

- The Betton Hills community shows the highest rate (79.31) and the Bond community shows the second highest rate of lung cancer deaths in Leon County (a rate of 78.37 per 100,000). Exhibit 3-20 shows that this rate was higher than both state and national rates (at 78.37 per 100,000 compared with 70.81 state and 54.9 national averages).
- As shown in Exhibits 3-19 and 3-21, East Apalachee Parkway had the highest rate of breast cancer, Betton Hills the second highest, and the Southside/Bond the third highest rate of deaths by breast cancer (32.76 per 100,000). The rate for East Apalachee Parkway (69.74) is more than double the national rate, and the rate in six communities is higher than the state rate.

- Betton Hills had the highest rate (560.15) and the Bond community had the second highest rate of deaths by cardiovascular diseases (265.25 per 100,000 people). This rate was lower than both state and national averages.

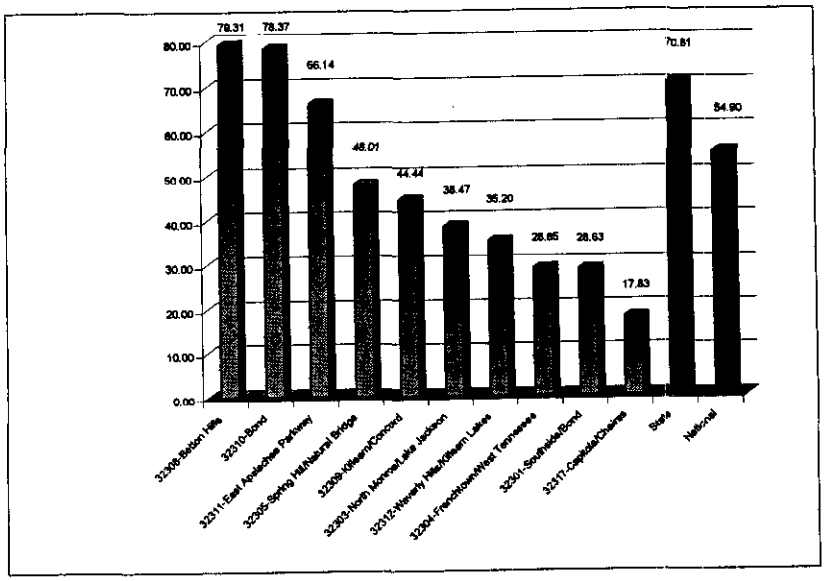
- Bond had the highest rate of deaths by gynecological cancers in Leon County (47.85 per 100,000 people) followed by Apalachee Parkway (34.87).

EXHIBIT 3-19
MEDICALLY RELATED DEATHS PER 100,000 POPULATION BY LEON COUNTY ZIP CODE, 2002 DATA

ZIP Codes	Community Names	Deaths by Lung Cancer (*per 100,000 population)	Total Number of Deaths by Lung Cancer
32308	Betton Hills	79.31	16
32310	**Bond**	**78.37**	**13**
32311	East Apalachee Parkway	66.14	7
32305	Spring Hill/Natural Bridge	48.01	9
32309	Killearn/Concord	44.44	13
32303	North Monroe/Lake Jackson	38.47	17
32312	Waverly Hills/Killearn Lakes	35.20	9
32304	Frenchtown/West Tennessee	28.85	12
32301	**Southside/Bond**	**28.63**	**8**
32317	Capitola/Chaires	17.83	2
ZIP Codes	**Community Names**	**Deaths by Breast Cancer (*per 100,000 population)**	**Total Number of Deaths by Breast Cancer**
32311	East Apalachee Parkway	69.74	4
32308	Betton Hills	35.89	4
32301	**Southside/Bond**	**32.76**	**5**
32312	Waverly Hills/Killearn Lakes	30.57	4
32305	Spring Hill/Natural Bridge	20.26	2
32309	Killearn/Concord	19.77	3
32303	North Monroe/Lake Jackson	12.98	3
32310	**Bond**	**11.96**	**1**
32304	Frenchtown/West Tennessee	4.73	1
32317	Capitola/Chaires	0.00	0
ZIP Codes	**Community Names**	**Deaths by Cardiovascular Diseases (*per 100,000 population)**	**Total Number of Deaths by Cardiovascular Diseases**
32308	Betton Hills	560.15	113
32310	**Bond**	**265.25**	**44**
32311	East Apalachee Parkway	245.68	26
32303	North Monroe/Lake Jackson	208.19	92
32312	Waverly Hills/Killearn Lakes	203.40	52
32305	Spring Hill/Natural Bridge	192.04	36
32301	**Southside/Bond**	**189.69**	**53**
32309	Killearn/Concord	174.32	51
32317	Capitola/Chaires	124.83	4
32304	Frenchtown/West Tennessee	105.76	44
ZIP Codes	**Community Names**	**Deaths by Gynecological Related Cancers (*per 100,000 population)**	**Total Number of Deaths by Gynecological Related Cancers**
32310	**Bond**	**47.85**	**4**
32311	East Apalachee Parkway	34.87	2
32303	North Monroe/Lake Jackson	17.31	4
32308	Betton Hills	8.97	1
32301	**Southside/Bond**	**0.00**	**0**
32304	Frenchtown/West Tennessee	0.00	0
32305	Spring Hill/Natural Bridge	0.00	0
32309	Killearn/Concord	0.00	0
32312	Waverly Hills/Killearn Lakes	0.00	0
32317	Capitola/Chaires	0.00	0

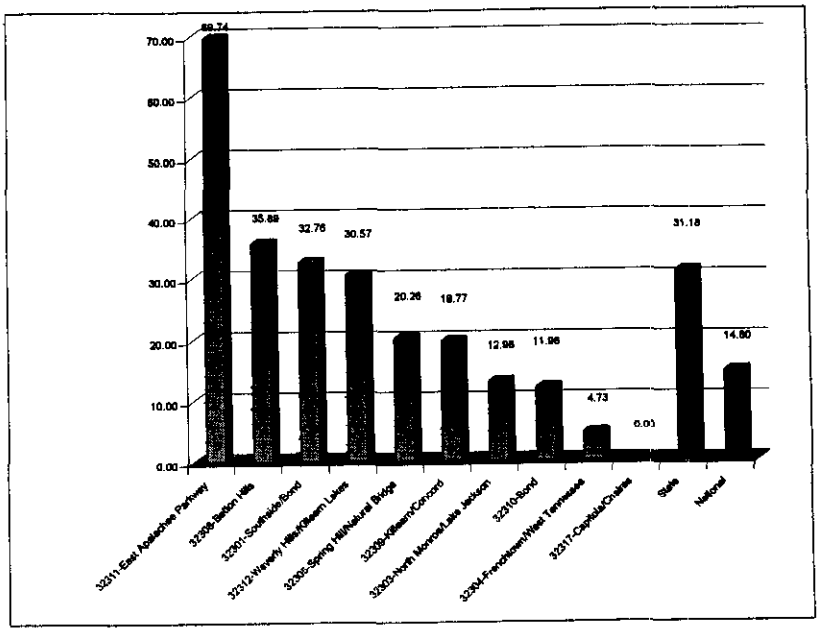
Source: Medergy Healthcare Information Management Company Inc. - Comprehensive Assessment for Tracking Community Health: Leon County, data warehouse
*The total number of cases shown for each ZIP code is linked to the ZIP code population by calculating a rate per 100,000 as follows: the total number of cases reported times 100,000 divided by the ZIP code population

EXHIBIT 3-20
DEATHS PER 100,000 POPULATION FROM LUNG CANCER BY LEON COUNTY ZIP CODE COMPARED WITH STATE AND NATIONAL RATES, 2002 DATA



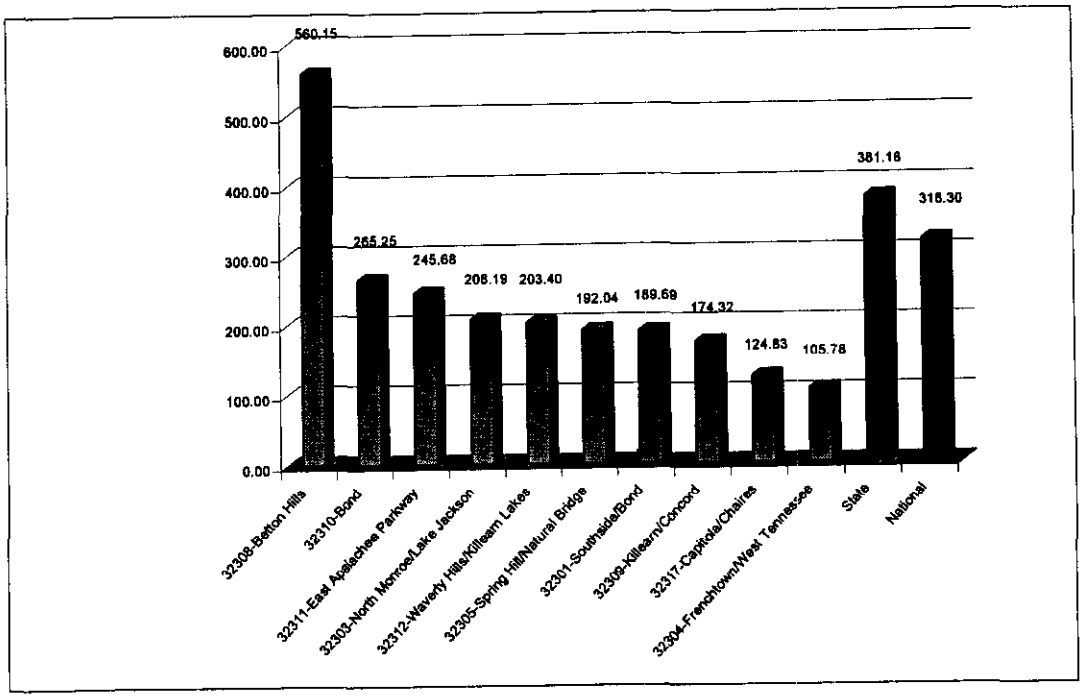
Source: Medergy Healthcare Information Management Company Inc. - Comprehensive Assessment for Tracking Community Health: Leon County, data warehouse

EXHIBIT 3-21
DEATHS PER 100,000 POPULATION FROM BREAST CANCER BY LEON COUNTY ZIP CODE COMPARED WITH STATE AND NATIONAL RATES, 2002 DATA



Source: Medergy Healthcare Information Management Company Inc. - Comprehensive Assessment for Tracking Community Health: Leon County, data warehouse

EXHIBIT 3-22
DEATHS PER 100,000 POPULATION FROM CARDIOVASCULAR DISEASE BY LEON COUNTY ZIP CODE COMPARED WITH STATE AND NATIONAL RATES, 2002 DATA



Source: Medergy Healthcare Information Management Company Inc. - Comprehensive Assessment for Tracking Community Health: Leon County, data warehouse

3.4.7 Kindergarten Immunizations

Kindergarten immunizations are a key indicator of the status of children's preventive health care within a community. With the exception of Frenchtown, Southside/Bond, and Bond, the immunization percentages countywide are above 97 percent. The Bond community had the lowest (94.97%) and the Southside/Bond community had the second lowest (96.55%) percentage of completed kindergarten immunizations in Leon County as shown in Exhibit 3-23.

EXHIBIT 3-23
KINDERGARTEN IMMUNIZATIONS BY LEON COUNTY ZIP CODE, 2004 DATA
(percentage of students with complete immunizations)

ZIP Code	Community	Percent of Completed Immunizations
32311	East Appalachee Parkway	99.77%
32303	North Monroe/Lake Jackson	99.76%
32309	Killearn/Concord	99.53%
32317	Capitola/Chaires	99.25%
32312	Waverly Hills/Killearn Lakes	98.85%
32308	Betton Hills	97.52%
32305	Springhill/Natural Bridge	97.42%
32304	Frenchtown/West Tennessee	96.88%
32301	**Southside/Bond**	**96.55%**
32310	**Bond**	**94.97%**

Source: Leon County School District Office

3.4.8 Enteric Disease

Enteric disease rates were not available below the county level from any sources. The 2002 rate reported for Leon County was 5.28 cases per 1,000 children under six years of age according to the Bond Community Clinic. The comparable state rate was 2.69 cases per 1,000 children under six.

3.4.9 Diabetes Rates

Concerning diabetes rates, East Apalachee shows the highest rate (9.34) and the Bond community shows the second highest rate of preventable hospitalizations per 10,000 (9.94) and the highest rate of deaths per 100,000 (30.14). The Southside/Bond community had the third highest rate with 28.63 per 100,000 people (Exhibit 3-24).

EXHIBIT 3-24
DIABETES RELATED HOSPITILIZATIONS AND DEATHS PER 100,000 POPULATION
BY LEON COUNTY ZIP CODE, 2002 DATA

ZIP Codes	Community Names	Diabetes Preventable Hospitalization (**per 10,000 population)	Total Number of Diabetes Preventable Hospitalizations
32311	East Apalachee Parkway	9.45	10
32310	**Bond**	**9.04**	**15**
32308	Betton Hills	5.45	11
32304	Frenchtown/West Tennessee	3.37	14
32303	North Monroe/Lake Jackson	3.17	14
32312	Waverly Hills/Killearn Lakes	2.74	7
32317	Capitola/Chaires	2.67	3
32301	**Southside/Bond**	**2.51**	**7**
32305	Spring Hill/Natural Bridge	1.60	3
32309	Killearn/Concord	1.35*	4*
ZIP Codes	**Community Names**	**Deaths by Diabetes (*per 100,000 population)**	**Total Number of Deaths by Diabetes**
32310	**Bond**	**30.14**	**5**
32303	North Monroe/Lake Jackson	29.42	13
32301	**Southside/Bond**	**28.63**	**8**
32308	Betton Hills	19.83	4
32305	Spring Hill/Natural Bridge	16.00	3
32309	Killearn/Concord	13.67	4
32311	East Apalachee Parkway	9.45	1
32304	Frenchtown/West Tennessee	7.21	3
32312	Waverly Hills/Killearn Lakes	3.91	1
32317	Capitola/Chaires	0.00	0

Source: Medergy Healthcare Information Management Company Inc. - Comprehensive Assessment for Tracking Community Health: Leon County, data warehouse
* Includes 2003 data, as 2002 data were not available since this ZIP code was newly designated in 2002. In this case, 2003 data should be useful for reasonable comparison, because indicators for high-risk diseases are generally quite stable from year to year.
**The total number of cases shown for each ZIP code is linked to the ZIP code population by calculating a rate per 100,000 as follows: the total number of cases reported times 10,000 divided by the ZIP code population.

3.4.10 Prenatal Care

Prenatal care is an important measure that can indicate the need for increased health services to women. The third trimester prenatal care data element conveys absence of prenatal care until the third trimester of pregnancy. Mothers who received no

prenatal care are also included in the data displayed in Exhibit 3-25. Key indications are highlighted below:

- Bond had the second highest rate of third trimester prenatal care (1.68 per 100 people).
- East Apalachee had the highest rate (1.27) of no prenatal care, and the Bond community had the second highest rate of no prenatal care (1.01 per 100).

It should be noted that the magnitude of difference in these prenatal care indicators across county ZIP codes is very slight and therefore of limited use in terms of statistical comparisons.

EXHIBIT 3-25
PRENATAL CARE RATES BY LEON COUNTY ZIP CODE, 2002 DATA
(per 100 births)

ZIP Codes	Community Names	Third Trimester Prenatal Care (per 100 population)	Total Number of Third Trimester Prenatal Care
32305	Spring Hill/Natural Bridge	2.22	5
32310	**Bond**	**1.68**	**5**
32304	Frenchtown/West Tennessee	1.52	5
32311	East Apalachee Parkway	1.27	2
32301	**Southside/Bond**	**0.83**	**3**
32308	Betton Hills	0.40	1
32309	Killearn/Concord	0.34	1
32312	Waverly Hills/Killearn Lakes	0.33	1
32303	North Monroe/Lake Jackson	0.18	1
32317	Capitola/Chaires	0.00	0
ZIP Codes	**Community Names**	**No Prenatal Care (per 100 population)**	**Total Number of No Prenatal Care**
32311	East Apalachee Parkway	1.27	2
32310	**Bond**	**1.01**	**3**
32303	North Monroe/Lake Jackson	0.88	5
32304	Frenchtown/West Tennessee	0.61	2
32305	Spring Hill/Natural Bridge	0.44	1
32312	Waverly Hills/Killearn Lakes	0.33	1
32301	**Southside/Bond**	**0.28**	**1**
32308	Betton Hills	0.00	0
32309	Killearn/Concord	0.00	0
32317	Capitola/Chaires	0.00	0

Source: Medergy Healthcare Information Management Company Inc. - Comprehensive Assessment for Tracking Community Health: Leon County, data warehouse

3.4.11 Coronary Heart Disease

In terms of coronary heart disease, another important community heath indicator, the Bond community, East Apalachee, and Betton Hills show rates much higher than community averages for both coronary heart disease hospitalizations and deaths by coronary heart disease. The rate for Bond for coronary heart disease hospitalization is 68.12 per 10,000 people, and for hospitalization and deaths 138.65 per 100,000 people. Betton Hills had the highest rate for deaths (262.73), and the Bond community had the second highest number of deaths by coronary heart disease (138.65).

EXHIBIT 3-26
CORONARY HEART DISEASE HOSPITILIZATIONS (PER 10,000 POPULATION) AND DEATHS (PER 100,000 POPULATION) BY LEON COUNTY ZIP CODE, 2002 DATA

ZIP Codes	Community Names	Coronary Heart Disease Hospitalizations (**per 10,000 population)	Total Number of Coronary Heart Disease Hospitalizations*
32310	**Bond**	**68.12**	**113**
32311	East Apalachee Parkway	68.03	72
32308	Betton Hills	66.43	134
32312	Waverly Hills/Killearn Lakes	46.16	118
32317	Capitola/Chaires	45.47	51
32309	Killearn/Concord	43.02*	127*
32305	Spring Hill/Natural Bridge	38.94	73
32301	**Southside/Bond**	**37.58**	**105**
32303	North Monroe/Lake Jackson	34.17	151
32304	Frenchtown/West Tennessee	20.43	85
ZIP Codes	**Community Names**	**Deaths by Coronary Heart Disease (*per 100,000 population)**	**Total Number of Deaths by Coronary Heart Disease**
32308	Betton Hills	262.73	53
32310	**Bond**	**138.65**	**23**
32317	Capitola/Chaires	98.08	11
32312	Waverly Hills/Killearn Lakes	97.79	25
32311	East Apalachee Parkway	94.49	10
32303	North Monroe/Lake Jackson	88.26	39
32309	Killearn/Concord	82.03	24
32301	**Southside/Bond**	**75.16**	**21**
32305	Spring Hill/Natural Bridge	74.68	14
32304	Frenchtown/West Tennessee	21.64	9

Source: Medergy Healthcare Information Management Company Inc. - Comprehensive Assessment for Tracking Community Health: Leon County, data warehouse
* Includes 2003 data, as 2002 data were not available since this ZIP code was newly designated in 2002. In this case, 2003 data should be useful for reasonable comparison, because indicators for high-risk diseases are generally quite stable from year to year.
**The total number of cases shown for each ZIP code is linked to the ZIP code population by calculating a rate per 100,000 as follows: the total number of cases reported times 100,000 divided by the ZIP code population.

3.4.12 AIDS and HIV

Although the small number of cases per each county ZIP code diminishes the statistical strength of this finding, the Frenchtown, Bond, Southside/Bond, and East Apalachee Parkway communities show high levels of both AIDS and HIV cases in comparison with the remainder of the community. Key indications from Exhibit 3-27 follow:

- The Bond community had the highest rate of AIDS infection cases in Leon County (42.07 cases per 100,000 people).
- As shown in Exhibit 3-27, the AIDS infection rate in the Bond community (42.07 per 100,000 people) was well over the state average (26.72 per 100,000 people) and almost triple the national average (15 per 100,000 people).
- The Southside/Bond community had the highest rate of HIV infection cases in Leon County (35.05 cases per 100,000 people).
- The Bond community had the third highest rate of HIV infection cases in Leon County (18.03 cases per 100,00 0 people).
- Rates of HIV infection cases in the Southside/Bond communities were well over the state average.

EXHIBIT 3-27
AIDS AND HIV CASES PER 100,000 POPULATION BY LEON COUNTY ZIP CODE, 2003 DATA*

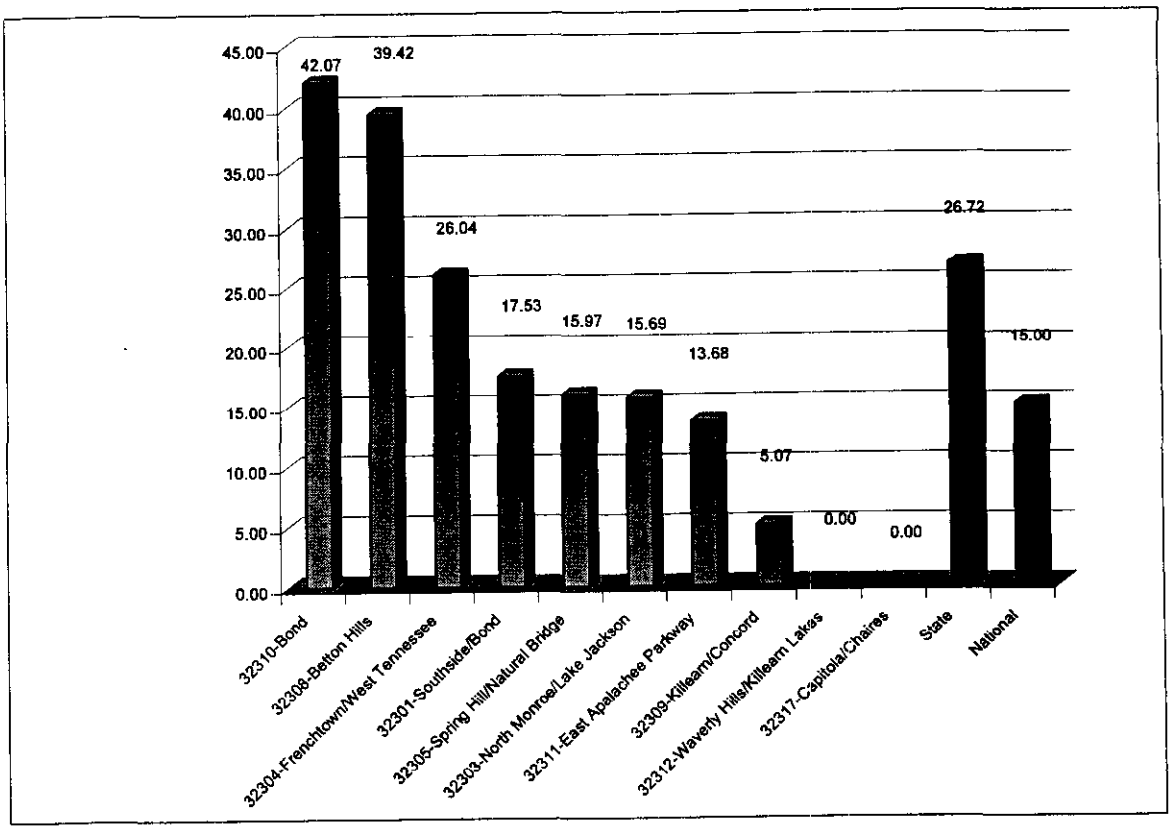
ZIP Codes	Community Names	Number of AIDS cases (**per 100,000 population)	Total Number of AIDS cases
32310	**Bond**	**42.07**	7
32308	Betton Hills	39.42	8
32304	Frenchtown/West Tennessee	26.04	11
32301	**Southside/Bond**	**17.53**	**5**
32305	Spring Hill/Natural Bridge	15.97	3
32303	North Monroe/Lake Jackson	15.69	7
32311	East Apalachee Parkway	13.68	1.5
32309	Killearn/Concord	5.07	1.5
32312	Waverly Hills/Killearn Lakes	0	0
32317	Capitola/Chaires	0	0
ZIP Codes	**Community Names**	**Number of HIV cases (**per 100,000 population)**	**Total Number of HIV cases**
32301	**Southside/Bond**	**35.05**	**10**
32304	Frenchtown/West Tennessee	33.14	14
32310	**Bond**	**18.03**	**3**
32311	East Apalachee Parkway	13.68	1.5
32305	Spring Hill/Natural Bridge	7.98	1.5
32308	Betton Hills	7.39	1.5
32309	Killearn/Concord	5.07	1.5
32303	North Monroe/Lake Jackson	3.36	2
32312	Waverly Hills/Killearn Lakes	0	0
32317	Capitola/Chaires	0	0

Source: Medergy Healthcare Information Management Company Inc. - Comprehensive Assessment for Tracking Community Health: Leon County, data warehouse

*HIV/AIDS data are masked by the state health department at the ZIP code level for cases numbering fewer than three. That is, where there are either one or two cases in a ZIP code, it is usually reported as simply "<3." To permit plotting all values, an average value of 1.5 has been arbitrarily assigned to these ZIP codes. Since the number of cases is so small to begin with, great care must already be exercised when interpreting rates in these ZIP codes.

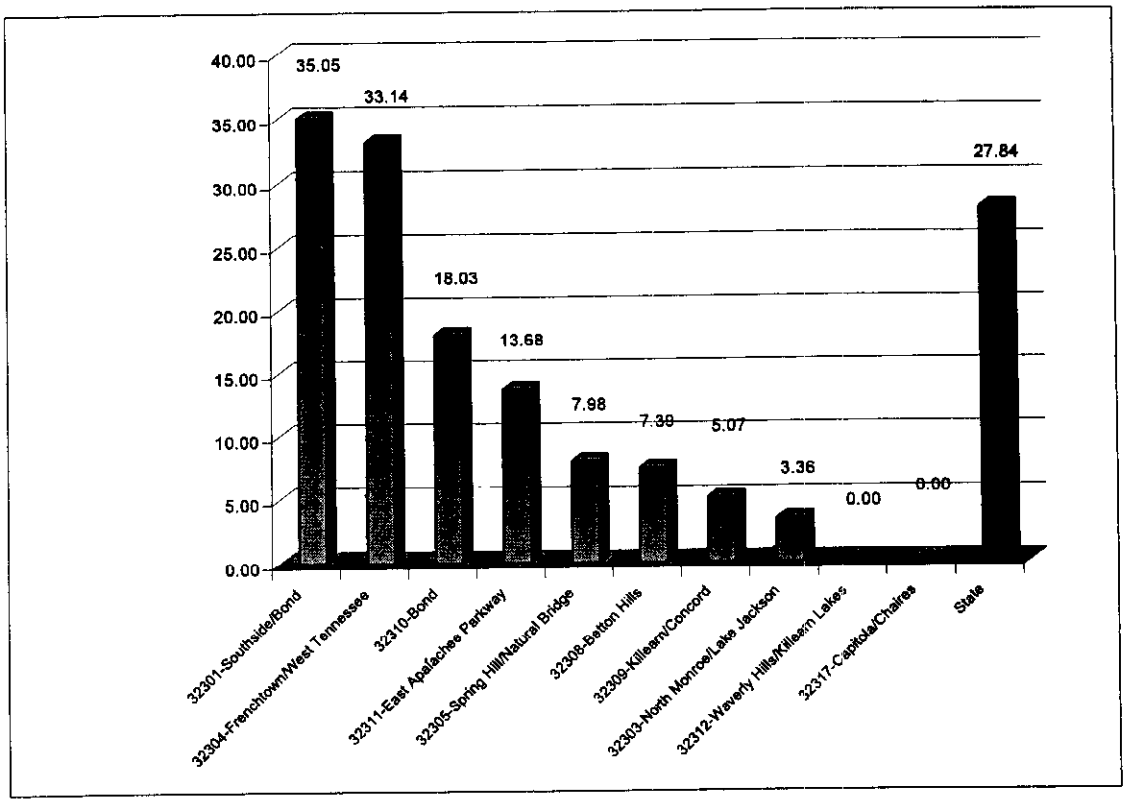
**The total number of cases shown for each ZIP code is linked to the ZIP code population by calculating a rate per 100,000 as follows: the total number of cases reported times 100,000 divided by the ZIP code population.

EXHIBIT 3-28
AIDS INFECTION RATES PER 100,000 POPULATION: LEON COUNTY ZIP CODE AREAS COMPARED WITH STATE AND NATIONAL RATES, 2003 DATA



Source: Medergy Healthcare Information Management Company Inc. - Cornprehensive Assessment for Tracking Community Health: Leon County, data warehouse

EXHIBIT 3-29
HIV INFECTION RATES PER 100,000 POPULATION: LEON COUNTY ZIP CODE RATES COMPARED WITH FLORIDA'S* RATE, 2003 DATA



Source: Medergy Healthcare Information Management Company Inc. - Comprehensive Assessment for Tracking Community Health: Leon County, data warehouse
* HIV/AIDS incidence rate is not reported at the national level due to widely varying reporting requirements in each state. Florida does not report an incidence rate, as well as prevalence and mortality. Unfortunately, these are not directly comparable.

3.4.13 Tuberculosis

Tuberculosis rates, which are displayed in Exhibit 3-30, are an indication of the level of preventive care in a community. Frenchtown has the highest rate (14.4) of cases, and the Southside/Bond community has the second highest rate of Tuberculosis cases in Leon County (14.42 cases per 100,000). Bond has the third highest number of Tuberculosis cases (11.60 cases per 100,000 people). However, the small number of Tuberculosis cases across Leon County ZIP codes diminishes the statistical power of this comparison.

EXHIBIT 3-30
TUBERCULOSIS CASES PER 100,000 POPULATION BY LEON COUTY ZIP CODE, 2003 DATA

ZIP Codes	Community Names	Number of Tuberculosis cases (*per 100,000 population)	Total Number of Tuberculosis cases
32304	Frenchtown/West Tennessee	14.44	6
32301	**Southside/Bond**	**14.42**	**4**
32310	**Bond**	**11.6**	**2**
32311	East Apalachee Parkway	9.3	1
32317	Capitola/Chaires	8.82	1
32312	Waverly Hills/Killearn Lakes	7.77	2
32303	North Monroe/Lake Jackson	6.76	3
32308	Betton Hills	2.49	1
32305	Spring Hill/Natural Bridge	0	0
32309	Killearn/Concord	0	0

Source: Medergy Healthcare Information Management Company Inc. - Comprehensive Assessment for Tracking Community Health: Leon County, data warehouse
*The total number of cases shown for each ZIP code is linked to the ZIP code population by calculating a rate per 100,000 as follows: the total number of cases reported times 100,000 divided by the ZIP code population.

3.4.14 Syphilis

Syphilis, a sexually transmitted disease, was assessed using three types of infections: early latent syphilis, late latent syphilis, and infectious syphilis. Latent syphilis is a dormant period of the virus when there are no symptoms and the virus is not contagious. Early latent syphilis denotes that the infection was contracted within the previous 12 months, and late latent syphilis denotes that the infected party contracted the infection more than one year prior. Infectious syphilis is a symptomatic period of the virus when it is contagious.

The key indication from Exhibit 3-31 in considering both rates and numbers of cases is the relatively high number of combined cases of early and late latent syphilis cases in the Frenchtown/West Tennessee and the Southside/Bond communities. Otherwise, rates of syphilis cases are very low across county ZIP codes.

EXHIBIT 3-31
SYPHILIS RATES PER 100,000 POPULATION AND TOTAL NUMBER OF CASES BY LEON COUNTY ZIP CODE, 2003 DATA

ZIP Codes	Community Names	Number of Early Latent Syphilis cases (*per 100,000 population)	Total Number of Early Latent Syphilis cases
32304	Frenchtown/West Tennessee	21.31	9
32310	**Bond**	**18.03**	**3**
32301	**Southside/Bond**	**14.02**	**4**
32303	North Monroe/Lake Jackson	2.24	1
32305	Spring Hill/Natural Bridge	0	0
32308	Betton Hills	0	0
32309	Killearn/Concord	0	0
32311	East Apalachee Parkway	0	0
32312	Waverly Hills/Killearn Lakes	0	0
32317	Capitola/Chaires	0	0
ZIP Codes	**Community Names**	**Number of Late Latent Syphilis cases (*per 100,000 population)**	**Total Number of Late Latent Syphilis cases**
32304	Frenchtown/West Tennessee	21.31	9
32305	Spring Hill/Natural Bridge	10.65	2
32301	**Southside/Bond**	**3.51**	**1**
32309	Killearn/Concord	3.38	1
32303	North Monroe/Lake Jackson	2.24	1
32308	Betton Hills	0	0
32310	**Bond**	**0**	**0**
32311	East Apalachee Parkway	0	0
32312	Waverly Hills/Killearn Lakes	0	0
32317	Capitola/Chaires	0	0
ZIP Codes	**Community Names**	**Number of Infectious Syphilis cases (*per 100,000 population)**	**Total Number of Infectious Syphilis cases**
32311	East Apalachee Parkway	9.12	1
32301	**Southside/Bond**	**3.51**	**1**
32304	Frenchtown/West Tennessee	2.37	1
32303	North Monroe/Lake Jackson	0	0
32305	Spring Hill/Natural Bridge	0	0
32308	Betton Hills	0	0
32309	Killearn/Concord	0	0
32310	**Bond**	**0**	**0**
32312	Waverly Hills/Killearn Lakes	0	0
32317	Capitola/Chaires	0	0

Source: Medergy Healthcare Information Management Company Inc. - Comprehensive Assessment for Tracking Community Health: Leon County, data warehouse
*The total number of cases shown for each ZIP code is linked to the ZIP code population by calculating a rate per 100,000 as follows: the total number of cases reported times 100,000 divided by the ZIP code population.

3.4.15 Gonorrhea and Chlamydia

Gonorrhea and Chlamydia, two sexually transmitted diseases, were more prevalent in both the Bond, Frenchtown/West Tennessee, and Southside/Bond communities than in other Leon County communities (Exhibit 3-32).

- Bond had the highest (811.44) rate of Gonorrhea cases per 100,000 people.

- Frenchtown had the highest (1,963.00) of Chlamydia cases, followed by Bond which had the second highest rate (1,322.35 per 100,000 people).
- Southside/Bond had the third highest rate of Gonorrhea (466.18 per 100,000 people) and the third highest rate of Chlamydia (981.42 cases per 100,000 people).

EXHIBIT 3-32
SEXUALLY TRANSMITTED INFECTIOUS DISEASES: TOTAL NUMBER OF CASES AND CASES PER 100,000 POPULATION BY LEON COUNTY ZIP CODE, 2003 DATA

ZIP Codes	Community Names	Number of Gonorrhea cases (*per 100,000 population)	Total Number of Gonorrhea cases
32310	**Bond**	**811.44**	**135**
32304	Frenchtown/West Tennessee	771.78	326
32301	**Southside/Bond**	**466.18**	**133**
32305	Spring Hill/Natural Bridge	239.53	45
32303	North Monroe/Lake Jackson	177.04	79
32311	East Apalachee Parkway	118.55	13
32308	Betton Hills	118.26	24
32312	Waverly Hills/Killearn Lakes	30.60	8
32317	Capitola/Chaires	17.44	2
32309	Killearn/Concord	16.90	5
ZIP Codes	**Community Names**	**Number of Chlamydia cases (*per 100,000 population)**	**Total Number of Chlamydia cases**
32304	Frenchtown/West Tennessee	1963.00	829
32310	**Bond**	**1322.35**	**220**
32301	**Southside/Bond**	**981.42**	**280**
32303	North Monroe/Lake Jackson	591.64	264
32305	Spring Hill/Natural Bridge	415.18	78
32311	East Apalachee Parkway	355.64	39
32308	Betton Hills	305.49	62
32312	Waverly Hills/Killearn Lakes	179.78	47
32317	Capitola/Chaires	78.47	9
32309	Killearn/Concord	70.97	21

Source: Medergy Healthcare Information Management Company Inc. - Comprehensive Assessment for Tracking Community Health: Leon County, data warehouse
*The total number of cases shown for each ZIP code is linked to the ZIP code population by calculating a rate per 100,000 as follows: the total number of cases reported times 100,000 divided by the ZIP code population.

3.4.16 Herpes

Herpes rates were not available at any level from any data source.

3.4.17 Adult Obesity

The percentage of obese adults is not available below the county level. According to the Florida Department of Health, 2002 data, adult obesity rates for the general

population are as follows: Leon County 20.5 percent, Florida 22.3 percent, and the United States 22.1 percent.

3.4.18 Childhood Obesity

The percentage of obese children was not available from any source at any level. However, as mentioned earlier, the Leon County School District has begun tracking Body Mass Index for Leon County school children this current year of 2004. These tracking data might be available later this calendar year.

3.5 Other Data Elements of Importance

This section provides a discussion of several additional data elements of importance.

3.5.1 Median Income

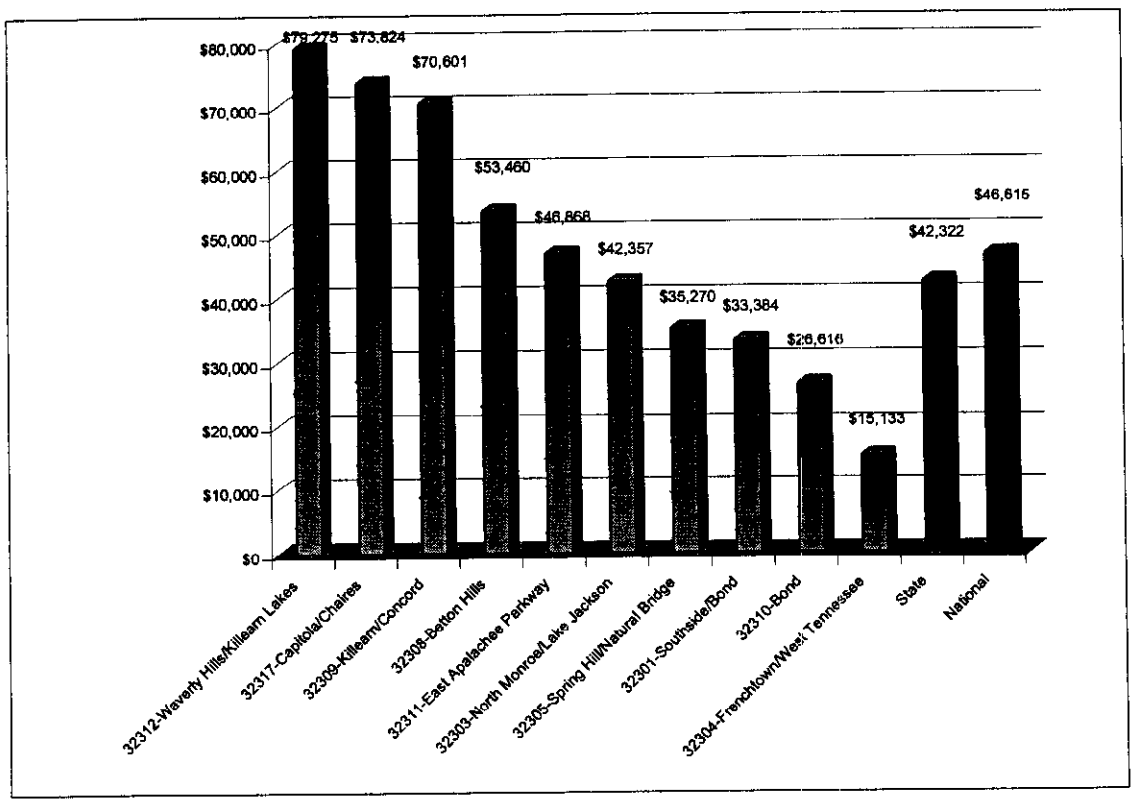
Similar to unemployment, the median income of a community is a key socioeconomic indicator. As shown in Exhibit 3-33, Frenchtown has the lowest median income ($15,133) and Bond has the second lowest median income in Leon County with $26,616. As a point of reference, the median household income in Waverly Hills/Killearn Lakes is more than the Bond and the Southside/Bond communities combined. Exhibit 3-34 graphically illustrates this median income disparity and provides state and national median income comparisons ($42,322 and $46,615, respectively). These median income comparisons are indicative of the income disparities among communities in Leon County.

EXHIBIT 3-33
MEDIAN HOUSEHOLD INCOME BY LEON COUNTY, 2002 DATA

ZIP Codes	Community Name	Median Household Income
32312	Waverly Hills/Killearn Lakes	$79,275
32317	Capitola/Chaires	$73,824
32309	Killearn/Concord	$70,601
32308	Betton Hills	$53,460
32311	East Apalachee Parkway	$46,868
32303	North Monroe/Lake Jackson	$42,357
32305	Spring Hill/Natural Bridge	$35,270
32301	**Southside/Bond**	**$33,384**
32310	**Bond**	**$26,616**
32304	Frenchtown/West Tennessee	$15,133

Source: Medergy Healthcare Information Management Company Inc. - Comprehensive Assessment for Tracking Community Health: Leon County, data warehouse

EXHIBIT 3-34
ANNUAL MEDIAN HOUSEHOLD INCOME COMPARISONS BY LEON COUNTY ZIP CODE AND STATE AND NATIONAL, 2002 DATA



Source: Medergy Healthcare Information Management Company Inc. - Comprehensive Assessment for Tracking Community Health: Leon County, data warehouse

3.5.2 *Free or Reduced Lunch Program*

A free or reduced lunch program is provided by the Leon County School District for children from low-income families. This is another useful socioeconomic indicator for Leon County ZIP code areas (Exhibit 3-35 below). Seventy-eight percent of students in the Bond community took part in the free or reduced lunch program, which is far above the rate for most of the county. In the Southside/Bond community, 68.20 percent of students took part in the free or reduced lunch program, which also ranks well above other areas of the county.

EXHIBIT 3-35
PERCENTAGE OF STUDENTS ON FREE OR REDUCED LUNCH PROGRAMS BY LEON COUNTY ZIP CODE, 2004 DATA

ZIP Codes	Community Name	Percent of Children on Free or Reduced Lunch Programs
32310	**Bond**	**78.00%**
32301	**Southside/Bond**	**68.20%**
32305	Spring Hill/Natural Bridge	47.43%
32304	Frenchtown/West Tennessee	45.63%
32311	East Apalachee Parkway	38.00%
32303	North Monroe/Lake Jackson	33.71%
32309	Killearn/Concord	33.67%
32308	Betton Hills	25.20%
32317	Capitola/Chaires	21.00%
32312	Waverly Hills/Killearn Lakes	13.83%

Source: Leon County School District Office

3.5.3 *Cerebrovascular Disease and Stroke*

Several additional data elements important to this assessment are discussed in the remaining paragraphs of this section. Exhibits 3-36 and 3-37 present findings by ZIP code of the rates of cerebrovascular disease hospitalizations and stroke mortalities by Leon County ZIP code. Key findings include:

- Betton Hills has the highest rate of cerebrovascular disease hospitalizations (54.03 per 100,000 people), and the Bond community has the second highest (40.39 per 10,000 people). (Exhibit 3-36).

- Betton Hills has the highest rate of stroke deaths, followed by East Apalachee Parkway. The Bond community has the third highest rate of deaths by stroke (72.34 per 100,000 people).

EXHIBIT 3-36
CEREBROVASCULAR DISEASE HOSPITILIZATIONS PER 10,000 POPULATION BY LEON COUNTY ZIP CODE, 2002 DATA

ZIP Codes	Community Names	Cerebrovascular Disease Hospitalizations (**per 10,000 population)	Total Number of Cerebrovascular Disease Hospitalizations
32308	Betton Hills	54.03	109
32310	**Bond**	**40.39**	**67**
32311	East Apalachee Parkway	34.96	37
32305	Spring Hill/Natural Bridge	29.87	56
32301	**Southside/Bond**	**27.92**	**78**
32312	Waverly Hills/Killearn Lakes	25.43	65
32303	North Monroe/Lake Jackson	23.08	102
32309	Killearn/Concord	21.34*	63*
32317	Capitola/Chaires	19.62	22
32304	Frenchtown/West Tennessee	18.75	78

Source: Medergy Healthcare Information Management Company Inc.–Comprehensive Assessment for Tracking Community Health: Leon County, data warehouse.
* Includes 2003 data, as 2002 data were not available since this ZIP code was newly designated in 2002. In this case, 2003 data should be useful for reasonable comparison, because indicators for high-risk diseases are generally quite stable from year to year.
**The total number of cases shown for each ZIP code is linked to the ZIP code population by calculating a rate per 10,000 as follows: the total number of cases reported times 100,000 divided by the ZIP code population.

EXHIBIT 3-37
STROKE MORTALITIES PER 100,000 POPULATION BY LEON COUNTY ZIP CODE, 2002 DATA

ZIP Codes	Community Names	Deaths by Stroke (*per 100,000 population)	Total Number of Deaths by Stroke
32308	Betton Hills	114.10	23
32311	East Apalachee Parkway	75.59	8
32310	**Bond**	**72.34**	12
32301	**Southside/Bond**	**53.68**	**15**
32305	Spring Hill/Natural Bridge	48.01	9
32303	North Monroe/Lake Jackson	45.26	20
32312	Waverly Hills/Killearn Lakes	35.20	9
32304	Frenchtown/West Tennessee	33.66	14
32309	Killearn/Concord	30.76	9
32317	Capitola/Chaires	8.92	1

Source: Medergy Healthcare Information Management Company Inc.–Comprehensive Assessment for Tracking Community Health: Leon County, data warehouse.
*The total number of cases shown for each ZIP code is linked to the ZIP code population by calculating a rate per 100,000 as follows: the total number of cases reported times 100,000 divided by the ZIP code population.

3.5.4 Food Stamp Recipients

Another community socioeconomic indicator is the number of food stamp recipients. Exhibit 3-38 shows the number of families and individuals who are receiving food stamp benefits as of September 2004. Frenchtown had the highest number of families (1,836) receiving food stamps. The Bond community had the second highest number of families and persons receiving food stamps in the county. Southside/Bond had the third highest number. In all three cases these rates far exceed most of the other areas of the county.

EXHIBIT 3-38
FOOD STAMP RECEPIENTS BY LEON COUNTY ZIP CODES, 2004 DATA

ZIP Codes	Community Names	Families Receiving Food Stamps	Persons Receiving Food Stamps
32304	Frenchtown/West Tennessee	1,836	3,666
32310	**Bond**	**1,429**	**3,476**
32301	**Southside/Bond**	**1,341**	**2,803**
32303	North Monroe/Lake Jackson	1,198	2,557
32305	Spring Hill/Natural Bridge	894	2,095
32308	Betton Hills	360	750
32311	East Apalachee Parkway	270	629
32312	Waverly Hills/Killearn Lakes	241	462
32309	Killearn/Concord	194	416
32317	Capitola/Chaires	95	210

Source: Florida Department of Children & Family Economic Services

3.5.5 Healthy Start Program Participants

Healthy Start is a nationally based program that helps communities build stronger maternal and child health care behaviors. Each Healthy Start community works with families to reduce infant mortalities, low birth weight rates, and racial disparities in health care services. As shown in Exhibit 3-39, Frenchtown had the highest number of participants, and Bond had the second highest number of Healthy Start participants in Leon County.

EXHIBIT 3-39
HEALTHY START PARTICIPANTS BY LEON COUNTY ZIP CODE, 2004 DATA

ZIP Code	Community Name	Total
32304	Frenchtown/West Tennessee	90
32310	**Bond**	**63**
32303	North Monroe/Lake Jackson	59
32301	***Southside/Bond***	**52**
32305	Spring Hill/Natural Bridge	44
32312	Waverly Hills/Killearn Lakes	29
32308	Betton Hills	26
32311	East Appalachee Parkway	19
32309	Killearn/Concord	17
32317	Capitola/Chaires	4

Source: Leon County Healthy Start Program

3.6 *Leon County Comparisons with State and National Rates*

Exhibit 3-40 displays a comparison of Leon County with state and national rates concerning many of the data elements previously discussed. Most notable is that Leon County is worse than state and national rates in all five of the maternal related data elements that are listed: percentage of low birth weights, percentage of very low birth weights, percentage of teen births, rate of neonatal mortality (almost double the state rate and more than double the national rate), and rate of infant mortality. Also, Leon County's rate of deaths by breast cancer far exceeds the national rate, and incidences of Gonorrhea and Chlamydia in Leon County far exceed state and national rates.

Additional data elements of use to this analysis included rates of mammography and Pap smear examinations. The 2002 Behavioral Risk Factors Surveillance Telephone Survey provides the proportion of women who have had these exams in the past two years for Leon County compared with state and national rates. This comparison is limited to women in the low-income bracket (annual income of $25,000 or less). Lower income female residents of Leon County reported having mammograms at

a rate of 74.00 percent compared with 74.10 percent statewide and 85.00 percent nationally. In addition, 82.80 percent of women in Leon County reported having a Pap smear in the past two years, compared with 75.4 percent statewide and 82.40 percent nationally (Exhibit 3-40).

EXHIBIT 3-40
COMPARISON OF COUNTY RATES
WITH STATE AND NATIONAL AVERAGES

Maternal Issues	Leon County	Florida	National
Percent of Low Birth Weights	9.41	8.44	7.80
Percent of Very Low Birth Weights	2.46	1.62	1.50
Percent of Teen Births	2.90	2.84	3.62
Neonatal Mortalities Rate Per 1,000 Births	9.21	5.04	4.70
Infant Mortality Rate Per 1,000 Births	11.94	7.53	7.00
Nonmedically Related Deaths			
Deaths by Motor Vehicle Crashes (per 100,000 population)	11.75	19.07	15.50
Deaths by Work-Related Injuries (per 100,000 population)	0.40	2.05	2.30
Deaths by Suicide (per 100,000 population)	8.10	13.99	10.60
Deaths by Homicide (per 100,000 population)	4.05	6.02	5.90
Medically Related Deaths			
Deaths by Lung Cancer (per 100,000 population)	43.35	70.81	54.90
Deaths by Breast Cancer (per 100,000 population)	22.47	31.18	14.60
Deaths by Cardiovascular Diseases (per 100,000 population)	217.16	381.18	318.30
Deaths by Gynecological Related Cancers (per 100,000 population)	8.52	20.26	Not Available
Diabetes			
Diabetes Preventable Hospitalizations (per 10,000 population)	3.69	4.56	19.80
Deaths by Diabetes (per 100,000 population)	17.42	27.43	25.40
Prenatal Care			
Third Trimester Prenatal Care (per 100 population)	0.85	2.00	Not Available
No Prenatal Care (per 100 population)	0.55	0.90	3.60
Coronary Heart Disease			
Coronary Heart Disease Hospitalizations (per 10,000 population)	40.19	89.52	Not Available
Deaths by Coronary Heart Disease (per 100,000 population)	93.59	225.56	171.10

EXHIBIT 3-40 (Continued)
COMPARISON OF COUNTY RATES
WITH STATE AND NATIONAL AVERAGES

Infectious Diseases	Leon County	Florida	National
AIDS cases (per 100,000 population)	16.42	26.72	15.00
HIV cases (per 100,000 population)	10.81	27.84	Not Available
Tuberculosis cases (per 100,000 population)	7.70	6.39	5.68
Early Latent Syphilis cases (per 100,000 population)	7.21	5.81	3.09
Late Latent Syphilis cases (per 100,000 population)	5.61	9.47	6.03
Infectious Syphilis cases (per 100,000 population)	1.20	3.87	11.45
Gonorrhea cases (per 100,000 population)	319.54	111.64	128.53
Chlamydia cases (per 100,000 population)	783.23	249.37	278.32
Obesity			
Adult Obesity	20.50	22.30	22.10
Median Income			
Median Household Income	$41,522	$42,332	$46,615
Other Data Elements of Importance			
Cerebrovascular Disease Hospitalizations (per 10,000 population)	26.62	43.36	Not Available
Stroke Mortality (per 100,000 population)	49.43	61.44	56.50
Percentage of Women over 40 who have had a mammogram within past 2 years	74.00	74.10	85.00
Percentage of Women who have ever had a Pap smear test	89.40	92.50	95.20
Percentage of Women who have had a Pap smear test in the past 2 years	82.80	75.40	82.40

Source: Medergy Healthcare Information Management Company Inc. - Comprehensive Assessment for Tracking Community Health: Leon County, data warehouse.

3.7 *Key Findings*

The review of demographic and health-related disease rates and outcome data in this chapter is intended to provide an assessment of indicators of need for women's and children's services. In examining these data elements, this assessment sought to identify disparities between communities within Leon County. This analysis then proceeded with the understanding that some of these identified disparities may indicate

the need for additional women's and children's health care services. Several key findings from these data elements are indicative of the need for women's and children's health services.

Although there are pockets of low-income families and individuals in need of health and other human care services throughout Leon County, the data clearly indicate that the highest concentration of needs are in the 32301, 32310, 32304 ZIP code areas and to some extent the 32311 ZIP code. Neighborhoods within these ZIP codes include neighborhoods in Frenchtown, Bond, Bond/Southside (Apalachee Ridge, Orange Avenue, Providence, and Lake Bradford) and East Apalachee Parkway. Some of the neighborhoods in these communities include public housing and/or Section 8 housing operated by the Tallahassee Housing Authority with high concentrations of low-income women, mostly African American, with children under the age of 18. For example, figures provided by the Tallahassee Housing Authority show that there are 891 children aged 0-17 residing in almost 500 units of public housing with female heads of household in Bond, Southside, and Frenchtown. This chapter has presented data showing that communities such as Bond have multiple health risk indicators and other disparities that affect physical health and overall quality of life. In comparison with other parts of the county, these communities have larger numbers of single female heads of households with children under age 18, greater numbers of children receiving free or reduced lunch, lower immunization rates, more hospitalizations, higher death rates for certain diseases, and more chronic illness, which in combination with other factors puts these communities at much greater risk. The key factors that support the need for women's health services are summarized below.

- There are pockets low-income families and individuals throughout Leon County. However, in comparison with other areas of the county the highest concentration of low-income families and individuals are located in the 32301, 32310, and 32304 ZIP codes. Median

household incomes in these communities are the lowest median incomes in Leon County, and well below state and national averages. Median income in 32301 (Southside/Bond) was $33,384, the median income in 32310 (Bond) was $26,616, and median income in 32304 (Frenchtown/West Tennessee) was $15,133.

- The Bond and Southside/Bond communities comprise 24 percent (57,555 persons) of the Leon County population, which is significant in that a majority are low-income, uninsured families and individuals.

- In comparison with other areas of the county, the highest levels of unemployment are found in two or three ZIP code areas. The Southside/Bond community and the Bond community have the second and third highest unemployment rates in Leon County, 15.8 percent and 6.8 percent, respectively.

- In comparison with other areas of the county, the Bond community has the lowest proportion of high school graduates in the County at only 74.9 percent.

- In comparison with other areas of the county, neighborhoods such as Apalachee Ridge, Lake Bradford and Providence—all located on the Southside—have the highest number of female-headed households (26.5%) and the highest percentage of children under 18 with a single female as head of the household (31.3%).

- In comparison with other areas of the county, the Bond community shows the highest percentage of low birth weights (under 2,500 grams) in the county at 13.1 percent of total births (39 births).

- Relative to very low birth weight (under 1,500 grams) in the county, some of the highest percentages are found in Southside neighborhoods. The Southside/Bond community had a rate of 4.1 percent (15 births) very low birth weights, and the Bond community had a rate of 3.4 percent (10 births) very low birth weights.

- The rate of low birth weights in the Bond and Southside/Bond communities is significantly above the state average of 8.44 percent and national average of 7.80 per cent.

- The rate of very low birth weights in the Bond and Southside/Bond communities is more than double the state average of 1.6 percent and the national average of 1.5 percent

- Bond also shows the highest rate of infant mortality in the county (20.1 per 1,000) and the third highest rate of neonatal mortality (13.4 per 1,000).

- Compared with people in other areas of the county, the Bond community shows the second highest rates of deaths by lung cancer at 78.4 per 100,000 deaths. In terms of breast cancer, women in the

Southside/Bond community had the third highest rate of deaths by breast cancer at 32.8 per 100,000 women. The Bond community shows the highest rate of death by gynecological cancers within the county (47.9 per 100,000, and the highest rate of AIDS cases (42.1 per 100,000)—a rate that far exceeds the state and national rates of 26.7 and 15.0 per 100,000, respectively.

- The Bond community has the lowest percentage (95.0%) and the Southside/Bond community has the second lowest percentage (96.6%) of completed kindergarten immunizations in the county, indicating a critical need for access to children's preventive health care.

- The Bond community has the second highest rates of both third trimester prenatal care and no neonatal care within the county—1.7 per 100 mothers and 1.0 per 100 mothers, respectively.

- The Southside/Bond community has consistently high numbers of early latent syphilis (14.0 per 100,000), late latent syphilis (3.5 per 100,000), and infectious syphilis rates (3.5 per 100,000). These numbers are significantly higher than all other areas of Leon County.

- The Bond and Southside/Bond communities have consistently high rates of gonorrhea and chlamydia in Leon County with numbers of cases that are considerably higher than most other areas of Leon County. Bond has the highest rate of gonorrhea with 811.4 per 100,000 people, and Southside/Bond has the third highest rate with 466.9 per 100,000 people. Bond has the second highest rate of chlamydia at 1,322.4 per 100,000 people, and Southside has the third highest rate with 981.4 per 100, 000 people.

- Compared with other areas of the county, a much higher percentage (78%) of all students in the Bond community took part in the free or reduced lunch program, which is a strikingly higher rate than other areas of Leon County. Bond has the highest percentage of students in the free lunch program with 78.0 percent, and Southside/Bond has the second highest percentage with 68.2 percent

- Heart disease is the number one killer of American women (203.9 per 100,000). The death rate from heart disease for women in Leon County is 124.2; the death rate from heart disease for women in the Bond Community Health Center (BCHC) service area is 179.4 per 100,000 for the Bond Community and 85.2 per 100,000 for the Southside Bond Community.

- The majority of heart disease deaths among women of all racial and ethnic groups occurs among women 60 years and older. The death rate from heart disease for women 65 years and older in Leon County is 1,170.6 per 100,000; the death rate from heart disease among women 65 years and older in the BCHC service area is

1,680.7 per 100,000 in the Bond Community and 837.1 per 100,000 in the Southside Bond Community.

- Nationally, over 20 percent of American women suffer mobility and self-care limitations and, consequently, have a greater probability of heart disease due to a lack of adequate pr eventive care.

- Cancer is the second leading killer of American Women (164.7 per 100,000). The death rate from cancer for women in Leon County is 132.7. The death rate from cancer for women in the BCHC service area is 143.5 per 100,000 for the Bond Community and 104.8 per 100,000 for the Southside Bond Community.

- Lung cancer is the leading cause of cancer death among American women in the U.S. (54.9 per 100,000). The death rate from lung cancer for women in Leon County is 31.0 per 100,000. The death rate from lung cancer for women in the BCHC service area is 47.9 per 100,000 for the Bond Community and 19.7 per 100,000 for the Southside Bond Community.

- Breast cancer is the second leading cause of cancer death among American women in the U.S. (26.0 per 100,000). The death rate from breast cancer for women in Leon County is 22.5 per 100,000. The death rate from breast cancer for women in the BCHC service area is 12.0 per 100,000 for the Bond Community and 32.8 per 100,000 for the Southside Bond Community.

- According to 2001 data from the Center for Disease Control, death from breast cancer occurs at a greater rate among African American women than White women—34.5 per 100,000 vs. 25.4 per 100,000, respectively. Racial differences in breast cancer deaths have widened since 1980, despite considerable improvement in treatment modalities.

- Stroke is the third leading cause of death among American women (69.2 per 100,000). Stroke kills more than twice as many women each year as breast cancer and is the leading cause of adult disability in this country. The rate of death from stroke among women in Leon County is 65.2 per 100,000.

- Influenza, pneumonia, and HIV/AIDS account for 21.7 deaths per 100,000 among American women. The death rate from infectious diseases for women in Leon County is 17.1 per 100,000 for influenza and pneumonia and 4.7 per 100,000 for HIV/AIDS; in the BCHC service area it is 23.9 per 100,000 for influenza and pneumonia and 23.9 per 100,000 for HIV/AIDS in the Bond Community and 6.6 per 100,000 for influenza and pneumonia and 13.1 per 100,000 for HIV/AIDS in the Southside Bond Community.

3.8 Summary of Stakeholder Data

The intent of soliciting opinions, perceptions, and viewpoints from a diverse range of community stakeholders was to supplement the quantitative data collected and analyzed by MGT and to supplement and provide more context for the quantitative data analysis. As such, stakeholder opinions and perceptions were an important aspect of this study. MGT solicited information, opinions, and perceptions from county commissioners, city officials, board members, and staff of the Bond Health Clinic and Neighborhood Health Services, Leon County Health Department, both hospitals, members of PHAB, physicians and other health care providers, community-based organizations, women currently receiving health and other services, and community residents.

In seeking the opinions and perceptions of this diverse group of key informants and community stakeholders we attempted to ascertain the following:

- perceptions and opinions about the need for women's and children's' health services;
- the health services most needed by uninsured low-income women and children;
- segments of the community that are most in need of services;
- barriers and constraints faced by low-income and uninsured women in receiving services; and
- optimal location to meet the need for women's health services.

It should be noted that due to the wording of the RFP and public perceptions, many stakeholders believe that Leon County intends to establish a women's health center. For some this meant "bricks and mortar" and for others it meant a group of specialized services provided in a women's center. Although MGT solicited input primarily about the need for women's health services, perceptions that a women's health

center is needed and will be constructed once this study is completed are very widespread among many stakeholders.

MGT's approach to conducting this portion of the study was to listen to individual viewpoints, issues, and perceptions. We did not attempt to assess the validity or veracity of the opinions and perceptions s hared by respondents to the questions posed by M GT.

In summarizing the results of this portion of the study we chose to focus primarily on women's health services needs to the exclusion of related issues that key informants and stakeholders surfaced during the course of this study. In the context of the recommendations in the last chapter of the report, we present several major challenges that we feel at some point must be addressed.

At the outset of this discussion it should be noted that there was virtually unanimous agreement among the participants in the study that health services for low-income, uninsured women and children is a critical need in this community. Perhaps the strongest arguments in favor of providing services for women came from the women with whom we conducted focus groups and the community service providers in the Southside community and other areas who are on the frontline of trying to meet health and other human care needs of low-income persons on a daily basis. Key issues and perceptions of a majority of respondents as are fo llows:

Need for Women's Health Services

- As indicated, virtually all stakeholders who participated in this study agreed that there is a need for women's health services and they generally supported the need for improving access to health care for low-income, uninsured persons, including women and children in Leon County. Questions were raised by some participants in the study—particularly key policymakers—about the efficacy and effectiveness of the current model, its impact on improving access to quality health care, costs of providing services to women, the availability and utilization of existing services for women, and the need for women's health services to be part of a broader comprehensive plan for uninsured, lower income persons. There were also questions raised about the location of the services.

Although a majority of participants felt strongly that the services are needed and should be located in the Southside and preferably provided out of the Bond Community Health Clinic, some participants in the study also felt equally as strong about providing the services in other areas of Leon County and Tallahassee.

- Several participants in the study questioned the goal of providing women's health services and/or establishing a women's health center, and the extent to which current services for women can meet the demand for services. These questions were raised in light of the increase in the MSTU, and whether the current system is working and the cost/benefit and return on investment in providing services specifically for women.

- On the part of several participants in the study, there were major concerns about the long-term future of health care for the uninsured in Leon County. And while there was support for providing women's health services, the role of Leon County, the hospitals, the universities, health care providers, and other components of the health care delivery system in building and funding a comprehensive system for delivering health care to lower income and uninsured residents of Leon County was a much greater concern than whether women's health services or a women's health center are needed and where the services should be located and provided.

- Among some participants in the study the extent to which the current system is working was a major factor in the need for women's health services and where the services should be located. Participants who felt that the current system is working reasonably well voiced very strong support for providing specialty services for women and housing the services at Bond Community Health Clinic. Those who felt otherwise about the current system were not as strong in their support of the need for women's health services and/or voiced support for considering locations other than the Southside or Bond Clinic.

- Based on the comments of women participants and those who provide health and other human care services to low-income women, low-income and medically underserved women/children need a diverse range of services to meet their needs. Services most frequently mentioned were dental services, prenatal care, immunizations, mammograms, annual check-ups and health screenings, postnatal care, OB/GYN care, specialized services for teen moms, teen pregnancy and well baby care, nutrition education, substance abuse/mental health services, parenting education, family planning, and wellness services. Among women and service providers, the need for health screenings, Pap smears, breast exams, and general exams for hypertension, for diabetes, and dental services were key factors in their perceptions about the health service needs of low-income and medically underserved women.

- Although not a primary focus of this study, dental care for low-income and uninsured women was repeatedly cited as a critical need by community-based service providers and by female focus group participants. It was reported by some service providers that undetected and untreated infections, including gum disease or other oral infections, greatly increase the risk of preterm labor and delivery of low- and very-low birth weight infants. It was also reported that there is no dentist providing care for women on Medicaid between Panama City and Gainesville. Even when a dentist accepts Medicaid, reimbursements are approved only for acute adult emergency dental services to alleviate pain or infection. These services include:

  - problem-focused oral examination;
  - necessary radiographs to make a diagnosis;
  - extractions; and
  - incision and drainage of an abscess.

- It was stated by service providers that although the We Care Network now has 25 dentists, they provide specialized, surgical intervention rather than preventive dental care. Some providers shared that emergency room doctors felt that a lack of dental care is a huge problem and is a cause of many ER visits.

- Respondents also shared that there is a new dental program on Railroad Avenue, which is operated by the Leon County Health Department (LCHD), and has 12 dental chairs; however, it is not fully staffed yet. This program targets low-income and uninsured children between the ages of 6 years old to 18 years old. LCHD policy is that once all needs are met of the target population, then access will be granted to low-income, uninsured pregnant women. One pediatrician noted that the age for dental care needs to be reduced from 6 years of age to 2-3 years of age due to special needs of some young children that may cause long-term health problems.

- A majority of participants, women, service providers, and other stakeholders felt that services should be targeted to meet the needs of the whole person and should go beyond just addressing immediate health and medical needs. There was recognition that it is not possible to provide every service to the community, and the need for some services ranked higher than others.

- Several respondents shared that in the We Care Network, GYN services are heavily utilized and that referrals were capped after basic primary care to 250 per year when the need is four times that—easily underserving 1,000+ women.

- Some service providers also shared that previously the We Care Network had 20 GYNs volunteering services and had a three-month waiting list. According to service providers, the number of GYNs has dropped to 11 and now has a six-month waiting list. Volunteer

doctors dropped out, primarily as a result of escalating medical malpractice costs.

- Community-based service providers strongly emphasized that there is a demand for health services that is currently not being met. Most indicate there will be a much greater demand for health care services in the next five years due to increased stress in families, economic stress, and the increase in HIV/AIDS, hypertension, diabetes, and obesity.

- On the whole, participants in the study felt strongly about the need for women and children's health care services and the need for services in the Bond community in a health center that serves women of all age groups. The most caution regarding the need for women's health services was expressed by those most concerned about cost factors in light of the recent increase in the MSTU, future funding requirements, and the "bricks and mortar" for a women's center and concerns about the need for a more comprehensive approach and model that encompass all community segments and age groups.

Service Delivery Issues

- Throughout the study a number of barriers and constraints were identified by women, service providers, policymakers, and others in regard to the problems low-income and uninsured women face in getting adequate and quality health care in Leon County. Major barriers include transportation, child care, the ability to navigate the system, and access and availability to services in a timely manner.

- Although the health services that were identified as services needed by low-income and medically underserved women are currently provided in Leon County, a number of factors impede the access and availability of the services for women, who are the primary focus of this study. The most obvious factor is that these women lack health insurance coverage and—like elsewhere around the country—without health insurance it is difficult to obtain needed services in a timely fashion. Although programs are in place that are intended to lessen the impact of not having insurance, the women who participated in this study and the community service providers who work with the population that is the primary focus of this study expressed a number of concerns and frustrations about the availability and access to services. The perceptions are that the services that are provided are very limited. Some of the limitation is created by what was described as a "overwhelming demand for services that will very likely increase with the changes in Medicaid and changes and restrictions in other programs and funding sources." A number of study participants pointed out that services are available on a limited basis, are not readily available when needed, or there is a delay in getting services and/or not getting services at all. This was a frequent refrain and comment by the women and community service providers who provided their input.

- Additional barriers that were shared that negatively impact access to and utilization of services include a general lack of awareness of services available, lack of knowledge, and in some cases unwillingness and reluctance to utilize services (e.g., based on past experience, frustration, being treated with lack of respect). These factors suggest a need for education, outreach, and some other actions on the part of the current system. Transportation was also frequently cited as a major factor related to utilizing services. If services are not located on a bus route, women without transportation and women without transportation plus child care issues find it extremely difficult to utilize services and in many instances delay or do not use the services at all.

- Another barrier that was frequently mentioned as a major factor related to access and utilization is hours of operation. The women who are the focus of this study and the women who participated in the study cannot—if they are employed—take off from their jobs to keep appointments or attend to basic needs related to activities of daily living that most people take for granted. Unless a service is provided and available during nontraditional hours including evening and/or weekend hours, it is extremely difficult for women to utilize services. Hours of operation also present a significant problem for women with child care issues who are not working.

- Participants were clear in expressing that there was a need for the services and a women's health center to offer the services. However, participants were also clear that focus should not be solely on what services are provided but how services should be provided; that is, the manner of service delivery was a critical issue. Fear, frustration, bad experiences with medical/health agencies, lack of trust in the medical community and/or concern about appropriate level of care, waiting periods, lack of knowledge about free services, and other obstacles are preventing women and children from seeking and utilizing some services. Participants repeatedly suggested the need for treating all women and children with respect, encouragement, patience, and providing services in a customer friendly manner.

- Marketing services and/or the center in the community was also raised as a critical issue and an important success factor. The participants suggested multiple ways of informing the community, such as word of mouth; advertisements on radio, television, and other mediums; outreach; and flyers in churches and schools.

- Focus group participants had mixed feelings about the use of outreach—the extent of personal contact as a means to get the message out. Some participants felt the center should do what it can to make contact with community members. Other participants felt it may be perceived as an unwelcome intrusion if someone from the center went knocking on the doors of community residents. Most participants were positive about outreach that took the form of

reminder calls about appointments or medication pick-up and inquiring as to transportation needs by phone.

- A number of concerns and perceptions were shared about breakdowns in the current system in regard to referrals. According to some participants, referrals are being made but services are not being provided to the women who are being referred for a variety of reasons.

- Most participants felt that if services or a center are established, it is important that a person is hired, preferably from the community, to go into the community and educate the community about the services that are offered. Many providers stated that there appeared to be a lack of knowledge regarding services that are presently available and that the education process should be an ongoing process, not just a one-time occurrence and it should be done in a culturally sensitive manner.

- As indicated previously, providing services during traditional and nontraditional hours for people who have to work and can't get off work during the day will dramatically increase access to and utilization of available services. Without modified hours of operation, many women will continue to delay getting services except in the case of serious emergencies. Some weekends would also be great.

- Suggestions were made to provide on-site child care for women who have to bring their children with them for their appointment and to coordinate child/children's well-child appointments with mother's medical appointments to promote efficiency.

- To improve the system overall, some participants in the study recommended getting an infectious disease doctor on staff specializing in services for women. There were suggestions made to consider putting Lincoln Neighborhood Health Center, Bond Clinic, and the new Women's Health Center (WHC) under one administrative umbrella in order to increase efficiency and effectiveness of the current system. According to some, the current system is a fragmented and dysfunctional system with three facilities providing some services, but they are not coordinated. There is a need to develop a system of coordinated services, whether that is through a variety of sites or through one clinic including checks and balances to ensure accountability. In addition, participants shared that there is a need to ensure a seamless system of care (e.g. same OB or midwife throughout pregnancy), where everyone works together for the common good of the woman/child rather than turf battles and financial obligations.

Collectively, the quantitative data and qualitative data suggest that there is a need for health services specifically for women and children and that the health services should be concentrated on the Southside. The quantitative data are very persuasive in

demonstrating the differences in a range of health indicators that are critical to the health status of women and the general population. The qualitative data, in addition to supporting the quantitative data, also suggest that women who are the primary focus of this study are not only at much greater risk but also encounter significant constraints and barriers, some of which are created by the delivery system and some by the socioeconomic and other circumstances that these women must live with on a daily basis.

Similar to the national data, a majority of the low-income woman in certain neighborhoods and communities in Leon County demonstrate the same health risk factors at rates similar to and—in some cases—are double the national average. These factors as well as the other factors present substantial evidence of the need for women's health services in Leon County.

4.0 ALTERNATIVE MODELS FOR WOMEN'S HEALTH SERVICES

4.0 ALTERNATIVE MODELS FOR WOMEN'S HEALTH SERVICES

4.1 Introduction

This chapter provides an overview of strategies currently being used to address the need for women's health care services around the country. In addition to describing the organizational models that are being used to provide a diverse range of women's health services, the chapter also outlines the assumptions and some of the critical issues associated with delivery systems for women's health services.

The first generation of women's health groups was fueled by volunteer workers driven by strong personal convictions and missionary zeal. Initially, these groups focused primarily on educating women about their bodies, reproduction issues, sexual orientation, and sexual behavior. These groups met in small, intimate gatherings, were totally without any form of organizational or management structure, and few of them provided clinical services.

In the second generation of the Women's Health Movement, women's health groups evolved to women's health clinics and began to offer gender-specific health care services rendered mostly by socially concerned health care professionals on a volunteer basis. The clinics were mainly conveniently located storefront operations, and services were provided at little or no cost.

In the third generation, the concept of comprehensive, integrated gender-specific health care services for women migrated into the mainstream of the American health care system and stimulated important changes in the organization and methodology of how health care services are delivered to women. This transition to the mainstream was accompanied by the evolution of loosely organized free women's clinics to more formally organized and funded women's health centers. Today, thousands of women's health

centers, built on the foundation of integrated, coordinated gender-specific health care services for women, span the full spectrum of organizational sophistication and operating environments.

Today, women's health centers are sponsored by a broad spectrum of groups that are extremely diverse in their philosophical orientation, but are universally committed to the common goal of ensuring equal access to comprehensive, integrated, coordinated gender-specific health services for women.

As the influence of the Women's Health Movement on mainstream medicine has increased, sponsorship of women's health centers has grown substantially, in both the public and private sectors. In the public sector the federal government signaled a critically important mainstream acceptance of women's health centers through the federal Centers of Excellence program that it sponsors and finances at Academic Medical Centers across the country. Federal endorsement of the concept was further enhanced by the launch of the federal Community Centers of Excellence Program. Both programs are explained in detail in section 4.2, Commonly Used Organizational Models.

Among the principal public and private sectors sponsors of women's health centers are:

- Federal government
- Department of Health and Human Services
- Agriculture Department
- Labor Department
- County and local government health systems and hospitals
- Feminist organizations
- Social movement/social justice organizations
- Academic medical centers (public and private)
- Health maintenance organizations
- Community and other tertiary care hospitals
- Physician groups

Private sector sponsorship of women's health centers is not always done for altruistic reasons. The growing availability of federal and state grants and the potential for establishing new profit centers were also m ajor incentives.

4.2 *Commonly Used Organizational Models of Women's Health Centers*

As previously noted, the first two generations of women's health centers were led primarily by volunteer mission-oriented administrators and service providers; sophistication of organizational structure was not a principal concern. However, as women's health centers transitioned from their original mission orientation to the mainstream of medical care delivery, more formal, conventional organizational structures were adopted. The transition to more formal organizational models was hastened by the availability of substantial federal funding that attracted more mature, more formally organized institutions to the movement. As the movement has matured over the past decade, the following four approaches to the organization and management of women's health centers and providing women's health services have emerged as the most prevalent:

- Centers of Excellence
- Community Centers of Excellence in Women's Health
- Comprehensive Women's health centers as Service Lines/Profit Centers
- Specialty Women's Clinics

Centers of Excellence

The federal Department of Health and Human Services (DHSS) launched the National Centers of Excellence (COE) in Women's Health Program in 1996. The conceptual foundation of the COE program is a belief that the women's health services provided by academic medical centers, historically provided in a very fragmented

manner, can be integrated and coordinated across multiple departments and disciplines, with significant improvement in patient outcomes and cost control.

Centers of Excellence are committed to the provision of comprehensive, gender-specific, age-appropriate services, and the maintenance of a supportive institutional environment. The essential building blocks of the comprehensive women's health care services provided by the centers are:

- Fully operational women's health care clinical facilities
- Culturally, linguistically, gender- and age-appropriate health services
- Adequate and appropriate service providers
- Research and teaching facilities
- Technological infrastructure
- Information specialists
- Technical support staff
- Education specialists
- Administrative support staff
- Student training and placement opportunities
- Strategic partnerships with local, state and national partners

Participating academic medical centers employ two primary approaches to the organization and management of women's health centers.

The *centralized integrated* model is a one-stop shopping health care system for women that provides integrated and coordinated internal medicine, family practice, obstetrics/gynecology, specialty care, health education, research, and support services for women at a single, distinct physical location—i.e., medical center. In this model, the management goals and objectives of the women's center are compatible with those of the parent organization, yet specific to the women's center as a distinct organizational unit or cost center. Generally, program managers are key members of the centralized management structure of the medical center and their integration into the central management structure facilitates the management of service delivery across departmental lines and professional disciplines. In some organizations, the integration

and coordination of services is formalized through a matrix model management structure.

The *network* model is a health center without walls approach in which the academic medical center is the nucleus of a network of existing independent community resources. The role of the COE is to meld unrelated, independent health service providers into a seamless, integrated network of providers who are committed to the principles of comprehensive, gender-specific, age-appropriate services for women. In this model, the individual components maintain their independence while operating, simultaneously, as members of the network under the network banner.

A distinct advantage of the network model is the ability to select only those service providers generally perceived as the "best in class" in the community. Because of the continuing independence of the network members, management of the network relies more heavily on persuasion, negotiation, and consensus than on authority and control.

A list of federally funded national community Centers of Excellence is provided in Appendix B.

Community Centers of Excellence in Women's Health

Historical disparities in the allocation of health care resources and services have resulted in large medically underserved populations and vast medically underserved geographical areas throughout our country. The challenges of correcting these disparities and providing necessary health services to these underserved populations are very complex. For the past 50 years, community health centers and rural health centers have been at the forefront of eliminating these disparities. Since 1996 the federal National Centers of Excellence in Women's Health program has supported community and rural health centers in their efforts to eliminate health disparities among women because of age, gender, race/ethnicity, education, income, disability, or by virtue of living

in underserved rural areas. Financial support for these efforts is provided through the federally funded Community Centers of Excellence in Women's Health (CCOE) program in medically underserved areas (Appendix B). CCOE is a companion program to the Centers of Excellence Program at Academic Medical Centers (Appendix C).

The program goals of the Community Centers of Excellence are to:

- empower underserved women as health care consumers and decision-makers;
- coordinate and integrate health services for underserved women;
- eliminate health disparities for underserved women;
- increase the number of trained professionals serving underserved populations;
- increase research on issues important to underserved women; and
- spread success of existing centers to other underserved areas.

CCOEs are distinguished from COEs in their focus on underserved populations—women who are underserved due to age, gender, race/ethnicity, education, income, disability, or by virtue of living in underserved rural areas. The goal of this focus is to create more integrated and coordinated women's health care delivery systems targeted to underserved women. The anticipated outcome, in the long-term, is healthier communities as defined by physical, emotional, and financial indicators. Achieving high levels of patient compliance and establishing cultural/linguistic competences within the delivery system are particular challenges for CCOEs. Consequently, they give added emphasis to patient education, health education, behavior modification, and support services such as transportation, outreach, and social services. These services improve patient access to the systems, improve compliance with medical regimens, and improve medical outcomes.

Because these organizations function in environments where essential resources are scarce and often sparsely located geographically, the *Network organizational model*

is the model most frequently used—often, out of necessity, incorporating institutions from outside the immediate community. Management's primary task is not only to integrate essential services, but first to create them, either by acquiring new resources or by collaborating with strategic partners from other institutions within or near the target community. Consequently, a management style that emphasizes negotiation, persuasion, compromise, and consensus building is required.

Comprehensive Women's Health Centers as Service Lines/Profit Centers

The growing influence of the Women's Health Movement, the incentives provided by government funding programs, and increasing demand for gender-specific services have stimulated greater interest in women's health centers among health provider institutions. As a result, health care institutions are increasingly launching women's health centers as discrete service lines and/or profit centers.

Health service institutions (e.g., large hospitals, HMOs, and large medical practices) in highly competitive major metropolitan areas tend to establish women's health centers not only to provide needed health services, but also as discrete service lines and/or profit centers to generate additional revenues and profits; in other words, there is a distinct business orientation to their initiatives. Profitability depends on access to a sizeable medically insured population, an ability to offer and sell profitable elective services and, of course, operational efficiency.

In medically underserved areas, women's health centers are viewed more from a service orientation and are established primarily to meet critical health service *needs*—as opposed to *demand*—and as essential vehicles for eliminating disparities in health status. They are also more likely to be dependent on private donations and federal, state, and local government funding. Because these centers operate in medically underserved areas they have less than optimal numbers of insured patients and limited

health service resources; thus, they do not have funds to develop entrepreneurial initiatives within the context of their women's health centers.

A significant common characteristic among these vastly different health service environments is the extensive use of the *centralized integrated model* and the *network organizational model* demonstrated by the federal Centers of Excellence and Community Centers of Excellence programs. As should be expected, these models are modified to reflect local values, politics, resources, and practices.

Specialty Women's Clinics

Feminist and social movement organizations continue to play prominent roles in the Women's Health Movement, and for good reason. Health care resources are not yet distributed equitably, despite the increasing prominence of women's health centers across the country. In addition, despite the universal availability of health education programs from many diverse sources, many American women are not properly informed about gender-specific health issues. Thus, there remains a substantial amount of work yet to be done to eliminate prevailing disparities in health status among women and to achieve the health status objectives in the national Healthy 2010 program.

The feminist and social movement organizations cling to their mission orientation, but because their funds are still very limited and they rely greatly on volunteer providers, their focus is, at the clinic level, usually very narrow. Specialty clinics most commonly focus on a single issue, such as reproductive rights, a specific disease, and sexual orientation, but consider themselves comprehensive within the context of that subject area. One of the great benefits of this genre of clinic is that the small size and intimate environment are comforting to persons who are not comfortable addressing these issues in large, impersonal bureaucratic settings.

4.3 Funding Sources for Women's Health Centers

As noted earlier, first generation women's health programs and clinics were mainly volunteer efforts that depended on private individual donations and the volunteer efforts of health professionals and educators. As the concept of women's health centers was increasingly embraced by the mainstream health care organizations, more substantial, more stable funding from established public and private sources became available. Today, funding for women's health centers comes mainly from four basic sources: government grants, private foundation grants, capital investments, and fees for services rendered. Yet, smaller programs and clinics remain dependent on financial donations from individual benefactors and contributions of time and effort from volunteer providers and workers.

Diverse expectations are inherent in the different sources of funding for women's health centers. Generally, government and foundation grants are made with specific stipulations regarding program activities and performance, but no requirement for repayment of the grant. Consequently, an organization gains needed resources without incurring a counter-balancing debt or obligation, only an obligation to meet specific program goals and objectives.

Capital investments, on the other hand, are made with an expectation of certain returns in the form of profits, or in the case of nonprofit organizations, earned income. Business loans incur specific organizational liabilities that must be met within explicit time frames and conditions. Consequently, grants, loans, and investments impact the organization in significantly different ways. In the case of service organizations, like women's health centers, the source of funding can generate, intentionally or not, a palpable tension between an organization's service orientation and the need to generate profit.

The following are brief descriptions of funding sources currently available to women's health centers.

Government Grants

In response to political pressure from the Women's Health Movement and other social justice movements, the federal government, beginning in 1996, began to support the development and early operation of women's health centers through various federal grant programs—a strategy previously used to stimulate the growth of health maintenance organizations.

The principal federal government funding sources for women's health centers are The National Institutes of Health and the Department of Health and Human Services, Office on Women's Health. The marquee HHS funding initiatives are the National Centers of Excellence Program (COE) and the National Community Centers of Excellence (CCOE) program. HHS presently funds 21 *Centers of Excellence* based at academic medical centers nationwide and 12 *Community Centers of Excellence.* The latter programs are comprehensive community health centers that serve mainly minority and medically underserved communities. Both models, through various organizational arrangements, provide comprehensive gender-specific services to female populations in their service areas. The organizational arrangements for these centers are discussed in detail in section 4.1. Specific funding opportunities currently available through NIH and HHS may be found on their respective Web sites, www.nih.gov and www.4woman.gov. In addition, state, county, and local governments are increasingly providing grant funding for women's health centers. Typically, these funds focus on the health problems and priorities of local communities.

Private Foundation Grants

Government grants are available for both comprehensive health services and disease-specific health service programs and research. Private foundations, however, tend to fund research and service delivery in specific disease categories such as cancer prevention, heart disease, and HIV/AIDS. Private foundations require proposals that are specific to the requesting service organization, the target service population, the prevailing socioeconomic environment, and the funding criteria of the potential grantor foundation. Private foundation grants usually require more specifically targeted activities and have more stringent eligibility requirements, but impose fewer restrictions on operational methods and processes.

Capital Investment

The potential for new revenues and profits created by the burgeoning market demand for specialized women's health care services has proven attractive to for-profit hospitals and private capital investors. Hospitals and medical centers provide funding for in-house women's health centers intended to be new or revitalized profit centers for the institution.

The following is a partial list of informational sources on funding for women's health services:

- Healthfinder-Funding Sources: www.healthfinder.gov.
- Women's Health Matters/Sunnybrook & Women's College of Health Sciences: www.womenshealthmatters.ca/resources
- Society for Women's Health Research: www.womenshealth.org
  The Health Trust: www.healthtrust.org
- U.S. Food & Drug Administration, Office of Women's Health: www.fda.gov/womens/science

Additional sites may be identified through a Web search or through the foundation directory that may be found in most public libraries or book stores.

4.4 *Organizational Models for Consideration in Leon County*

In Chapter 5.0 we suggest models for consideration in Leon County. While the discussion in the preceding sections has centered around women's health centers, the focus in Chapter 5.0 is on the services that need to be provided and the structure for providing the services.

The information in this section is instructive for the purpose of suggesting different configurations of services and for examining how women's services have been provided and funded through established women's health centers. We found this information useful in terms of examining what is occurring nationally and its implications for the kinds of service structure and systems that might be used to address some of the health status indicators for Leon County in Chapter 3.0 that establish that there are identifiable disparities in health status in certain communities within Leon County. Our review of services provided in the models discussed in this chapter suggests that there is a basic set of core services that must be provided if selected health status indicators are to show improvement and more comprehensive services are required in order to significantly affect a broader range of health status indicators over the long term.

5.0 RECOMMENDED MODELS AND IMPLEMENTATION PLANS

5.0 RECOMMENDED MODELS AND IMPLEMENTATION PLANS

5.1 Introduction

This chapter presents our recommended models for providing health care services for uninsured, low-income women and children. Like other communities trying to meet the health care needs of the uninsured, the greatest problem faced by Leon County is implementing and funding a comprehensive, coordinated health care system to meet current and future needs. The women and children who were the primary focus of this study represent an important segment of the uninsured population and are part of a much broader issue in regard to meeting the current and future health care needs of the uninsured. As a consequence, MGT believes that Leon County is faced with two major challenges.

Challenge One: How should Leon County meet the need for health services for the women and children who are the primary focus of this study, what services should be provided, how should the services be organized, and where should the services be located?

- The data analyzed by MGT indicate that the greatest concentration of needs is on the Southside in the Bond community and neighborhoods that typically make up Southside/Bond and neighborhoods that make up Frenchtown. The evidence suggests that the women and children in these areas need a diverse range of services, both health related and other human care services.

Challenge Two: How should Leon County establish a comprehensive, coordinated, fully funded, "no wrong door" delivery system that meets current and future health care needs of the uninsured in Leon County?

- The second challenge was beyond the scope of this study; nevertheless, it permeated much of this study and shaped the perceptions, issues, concerns, and priorities related to women's health services that were shared by a diverse group of stakeholders. While there is recognition among stakeholders that Leon County has been proactive in addressing health care for the uninsured population in Leon County, implementing a truly comprehensive system will be a major challenge and key to reducing and eliminating health disparities in Leon County.

5.2 *Purpose of Delivery Models*

The models, which we recommend in this chapter, are designed specifically to:

- provide alternatives for addressing health care services for low-income, uninsured women and children;
- increase access and availability of health care services for low-income, uninsured women and children;
- provide options for Leon County relative to meeting women's health care needs in the Bond community and other parts of Leon county;
- provide services that are not easily accessible to the women and children who are the primary focus of this study; and
- improve the overall health of women and children who are the primary focus of this study.

The following set of assumptions was used in defining the scope of the recommended models:

- Emphasis of the proposed models will be on access to basic health care services for women and children, building on existing systems of care.
- Existing providers such as Bond Community Health Clinic, Neighborhood Health Services, CareNet partners, and other partners will be able to work together cooperatively to meet the needs of uninsured low-income women and children.
- Bond Community Health Clinic is willing to take the lead role in coordinating the delivery of services.
- The We Care Program will continue to provide referral specialist care.
- The greatest needs are in the Bond, Bond/Southside, Frenchtown/ West Tennessee, and East Apalachee Parkway communities.
- Services will be located in an area where transportation does not pose a major barrier.
- The selected model will include checks and balances to ensure accountability.
- Additional space will be needed to provide comprehensive women's health services.

- The selected model will be piloted for a two year period to determine its impact and the need to make changes in the model or implement another model.
- The cost associated with each model will need to be refined in greater detail prior to implementation.
- Addressing disparities in healthcare in Leon County will ultimately require a comprehensive health services program that effectively integrates existing health service resources, and provide new resources as needed.

5.3 Organizational Models that Meet the Health Service Needs of Women in Leon County

As described in Chapter 4.0, there are several models currently being used around the country to provide women's health care services. Nationally, women's health services are being provided in gender-specific health centers; i.e., women's health centers or within the context of specialized services for women in community health centers. In fact, over 60 percent of all health center patients are female, and almost two-thirds (64%) of all health center patients are members of racial or ethnic minority groups (*Kaiser Commission on Medicaid and the Uninsured*). Regardless of organizational structure, it is clear that some combination of preventive, primary care, education, and outreach services are required in order to have a significant impact on the women and children who are the primary focus of this study. The following models were developed with these factors in mind.

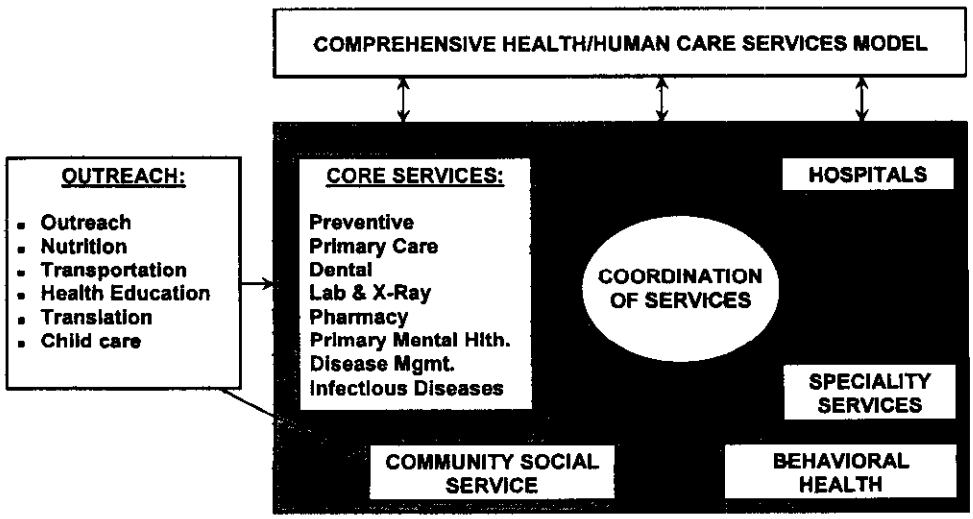
5.3.1 Women's Health Care Network

MGT is proposing the concept of a *Women's Health Care Network* as the overarching framework for the models that are described in the following sections. From MGT's perspective, the concept of a *Women's Health Care Network* requires maximizing the existing services network, and strengthening partnerships, collaboration, coordination, and cooperation. Although the *Women's Health Care Network* is based

partly on the strategies and models described in Chapter 4.0 it also based on the assumption that there are opportunities to better serve the uninsured population by simply working together more collaboratively. In fact, MGT would argue that without more coordination and collaboration neither of the challenges discussed in the beginning of the chapter can be addressed effectively.

If a comprehensive model was designed it would probably look similar to the model shown in Exhibit 5-1. Some entity would be responsible for the coordination of services, satellites would be strategically placed in different parts of the county, and a set of core services would be provided, including dental care. The model would also include a strong outreach component as well as a social services component. This type of model would address both the health and human care needs that significantly affect the women and children who were the primary focus of this study. Since this study was limited to addressing health care needs, we are not proposing the model shown in Exhibit 5-1 that includes nonhealth services-related components. However, we strongly recommend that Leon County consider such a model in the future in order to implement a system that meets a diverse range of needs.

EXHIBIT 5-1
WOMEN'S HEALTH CARE NETWORK

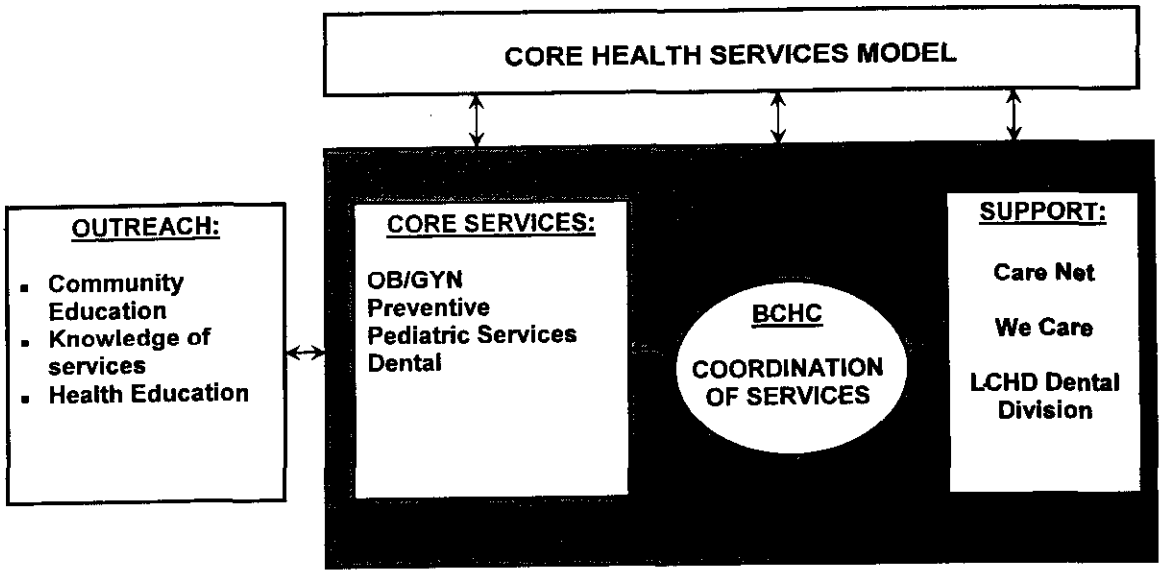


There are two models presented for consideration by Leon County as part of the *Women's Health Care Network*. MGT is presenting the two models in order to give Leon County options in terms of services and other factors. For each model we identify the services, the primary geographical area(s) served by the model, and a proposed budget. Each model is premised on Bond Community Health Clinic serving as the lead agency for the coordination and delivery of women's health care services.

5.3.1.1 Core Health Services Model

The *Core Health Services Model* is shown in Exhibit 5-2. The model includes four major components: services coordination, core services, outreach, and support. The primary target population of the *Core Health Services Model* is women in the Bond Community Health Center service area, but the model could also serve women from other communities in the county. As shown in Exhibit 5-2 the core services include preventive services (primarily health screenings), disease management, and pediatric services. The delivery of these core services as currently envisioned will be supported by CareNet and We Care, networks that are currently partnering with the BCHC. With the exception of pediatric services, we envision that a contract for services will be used as the primary mechanism to provide core services. We recommend that a half-time pediatrician be added to the staff of BCHC to provide pediatric services. The outreach component of the model is designed to address the need for greater awareness and education about the availability of services and how to access services—issues that were consistently identified by service providers and service recipients.

EXHIBIT 5-2
WOMEN'S HEALTH CARE NETWORK



5.3.1.2 Service Area

The Core Health Services Model service area is inclusive of Bond, Bond/ Southside, and Frenchtown. By far, these communities demonstrated the greatest need based on the analysis of health data described in Chapter 3.0.

5.3.1.3 Target Population

The target population consists of women living in Bond, Bond/Southside, and Frenchtown neighborhoods and children aged 0-17 years.

5.3.1.4 Services

The *Core Health Services Model* includes the following core services:

- Obstetrics/Gynecology (OB/GYN);
- Preventive Health Screenings (e.g., cancer, heart disease, diabetes);
- Pediatric Services; and
- Dental Services for low-income and underserved women.

5.3.1.5 Service Location

The proposed primary service location is Bond Community Health Center, with the services being administered, coordinated, and managed by the BCHC. The facilities at the Leon County Health Department at 872 West Orange Avenue, located less than two blocks from BCHC, should be considered as an option for providing the services. If possible, this would minimize the need for BCHC to expand and/or renovate current facilities.

5.3.1.6 Estimated Budget

The estimated budget for the Core Health Services Model is shown in Exhibit 5-3.

EXHIBIT 5-3
BUDGET FOR THE CORE HEALTH SERVICES MODEL

EXPENDITURES	*COSTS*
OB/BYN (2 days per week)	$149,760
Pediatrician (2 days per wk)	$91,520
Dental assistant	$27,000
FAMU Pharmacy	$20,000
Mammography	$10,000
Lab costs	$10,000
Outreach, marketing	$10,000
TOTAL	$318,280

5.4 The Bond/Leon County Comprehensive Women's Health Services Program

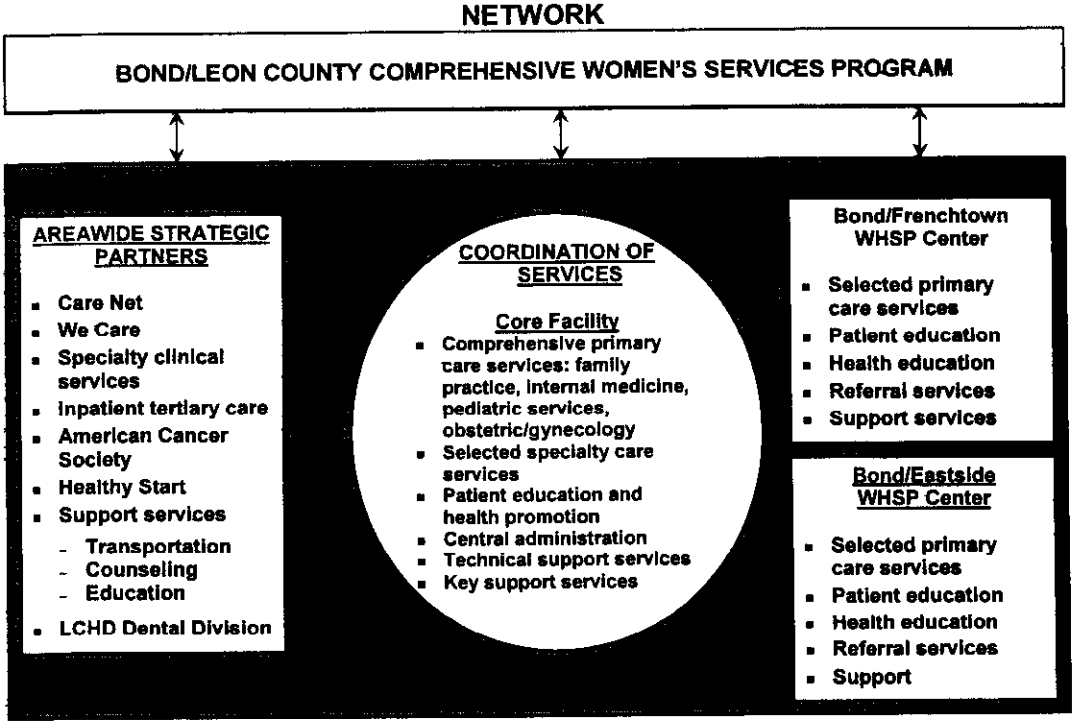
The Bond/Leon County Comprehensive Women's Health Services Program model is shown in Exhibit 5-4. This model is more comprehensive and encompasses a larger service area than the model shown in Exhibit 5-2. This model recognizes that there are pockets of low-income, uninsured women throughout Leon County, and includes service locations in parts of Leon County other than Bond. The Bond Community Health Center will serve as the core facility for the delivery and coordination of services for women and children. As the core facility, BCHC will provide comprehensive primary care services

and selected specialty care, and provide administrative oversight. Bond/Frenchtown and Bond/Eastside will also provide selected primary care services as well as patient education, health education, and refe rral and support services.

In our opinion, the most effective organizational model for the Bond/Leon WHSP would be a service area wide network organization built around a core central unit based at the Bond Community Health Center. The advantages of a network model Women's Health Service Program for Leon County are that it:

- leverages new investm ent by County and creates a multiplier effect;
- optimizes the use of existing resources;
- maximizes the return on investment of prior capital investments;
- improves the availability of and access to new services in less time than other options; and
- allows coverage of larger service area with marginal additional investment through the use of satell ite locations.

EXHIBIT 5-4
WOMEN'S HEALTH CARE NETWORK



5.4.1 Service Area

The Bond/Leon County Women's Health Services Program (WHSP) service area is inclusive of the following communities in Leon County: Bond (32310), Frenchtown/Old Town (32301), Frenchtown/West Tennessee (32304), and East Apalachee Parkway (32311).

These communities comprise the areas of greatest need within Leon County as defined by disparities in health status—high indices of illness and mortality due to selected major health problems. In addition, these areas are characterized by significant shortages and poor allocation of health care resources.

5.4.2 Target Populations

The target populations include general population and disease-specific populations.

- General Target Population: all women in Leon County, with a special emphasis on meeting the health service needs of women in the primary WHSP service area comprising Bond/Fort Braden, Frenchtown/Tennessee, Frenchtown/Old Town, and East Apalachee Parkway Communities.
- Disease-Specific Target Populations: women who have experienced or have exhibited potential for disease in major disease categories such as heart disease, cancer, and HIV/AIDS.

5.4.3 Services

The WHSP would offer the following essential health services:

- fully operational comprehensive clinical service facilities
  - primary care services
    - Family Practice
    - Internal Medicine
    - Pediatrics
    - Obstetrics/Gynecology;
- woman-friendly, woman-centered environments;
- a multidisciplinary, culturally, and linguistically competent staff

  - gender- and age-appropriate medical services, including comprehensive primary and specialty care services
  - acute, chronic, and preventive services
  - a transparent referral system
  - dental health services
  - patient education and health promoti on services;
- a full complement of professional service providers, including nurses and the full range of allied health professionals;
- technological infrastructure to support electronic patient care systems, electronic data systems, and other support systems;
- support systems such as transportation, member services, social services, patient education, and other services;
- technical support staff;
- administrative support;
- research capabili ties;
- multidisciplinary teaching capability;
- strong management team; and
- strategic partnerships and linkages for the delivery of essential primary and specialty clinical services.

5.4.4 Estimated Budget

To support the model in Exhibit 5-4, costs are organized into four major cost categories: personnel, contractual servic es, administrative costs, and capital outl ay.

Personnel

The personnel required to fully implement this model includes a full-time coordinator of the women's health program, three full-time midwives (responsibilities include after-hours calls and prenatal case management), a health educator/nutritionist, a front desk receptionist, a medical records technician, a Clinical Social Worker, two

medical assistants, a Licensed Practical Nurse (with OB/GYN experience), and a community outreach liaison.

Contractual Services

The contracted services in this model include an OB/GYN (two days a week), Pediatrician (three days a week), a dental hygienist (contracted through the LCHD Dental Division at Railroad Avenue clinic), pharmacy services, mammography services, and laboratory services.

Capital Outlay

It may be possible to establish the proposed satellite offices within current county facilities. However, there will be costs associated with renovation of existing facilities to accommodate the different service locations.

Administrative Costs

The administrative costs in this model include the medical equipment and supplies, community outreach, and continuing education funds for the mi dwives.

Estimated Costs

Personnel	$650,570
Contracted Services	$397,040
Capital Outlay	$200,000
Administrative Costs	$114,000
TOTAL	$1,361,610

The estimated budget for the Bond/Leon County Comprehensive Services Program Model is shown in Exhibit 5-5.

EXHIBIT 5-5
BUDGET FOR BOND/LEON COUNTY COMPREHENSIVE WOMEN'S SERVICES PROGRAM MODEL

TYPE	*EXPENDITURES*	*COSTS*
Personnel: 1 FTE	Coordinator of Women's Health Program	$85,000
Personnel: 3 FTEs	Three Midwives (including after-hours calls and prenatal case management)	$225,000
Personnel: 1 FTE	Health educator/nutritionist	$40,000
Personnel: 1 FTE	Front desk receptionist	$18,000
Personnel: 1 FTE	Medical records technician	$21,000
Personnel: 1 FTE	Clinical Social Worker	$60,000
Personnel: 2 FTE	Two Medical Assistants	$42,000
Personnel: 1 FTE	Licensed Practical Nurse (with OB/GYN experience)	$40,000
Personnel: 1 FTE	Community Outreach Liaison	$25,000
Personnel	Fringe benefits for 12 FTEs	$94,570
Contractual	OB/BYN (2 days per week)	$149,760
Contractual	Pediatrician (3 days per wk)	$137,280
Contracted through LCHD Dental Division	Dental assistant	$30,000
Contractual	FAMU Pharmacy	$25,000
Contractual	Lab costs	$20,000
Contractual	Mammography	$35,000
Capital Outlay	Building Alterations/modifications/satellite offices	$200,000
Admin costs	Ultrasound	$30,000
Admin costs	Portable fetal heart monitor	$5,000
Admin costs	Two pelvic exam tables	$20,000
Admin costs	Portable fetal heart monitor	$5,000
Admin costs	Two pelvic exam tables (for larger women)	$20,000
Admin costs	Outreach, marketing	$20,000
Admin costs	Medical supplies	$10,000
Admin costs	Travel for continuing education for midwives	$4,000
	TOTAL	$1,361,610

APPENDICES

APPENDICES

Appendix 5-1

Boston University Medical Center
Boston, MA

Brown University/Women & Infants hospital
Providence, RI

Magee-Women's Hospital
Pittsburgh, PA

MCP Hahnemann University/Drexel University
Philadelphia, PA

Harvard Medical School
Boston, MA

Indiana University School of Medicine
Indianapolis, IN

Oregon Health and Science University
Portland, OR

Tulane and Xavier Universities of Louisiana
New Orleans, LA

University of Arizona
Tucson, AZ

University of California, Los Angeles
Los Angeles, CA

University of California, San Francisco
San Francisco, CA

University of Illinois at Chicago
Chicago, IL

University of Michigan Health System
Ann Arbor, MI

University of Minnesota
Minneapolis, MN

University of Mississippi Medical Center
Jackson, MS

University of Missouri/Kansas City
Kansas City, Mo

University of Puerto Rico,
San Juan, PR

University of Texas/San Antonio
San Antonio, TX

University of Washington, Seattle
Seattle, WA

University of Wisconsin, Madison
Madison, WI

Virginia Commonwealth University
Richmond, VA

West Virginia University Health Sciences Center

Rural Demonstration Projects

University of North Dakota

University of South Dakota

Appendix 5-2

National Community Centers of Excellence in Women's Health

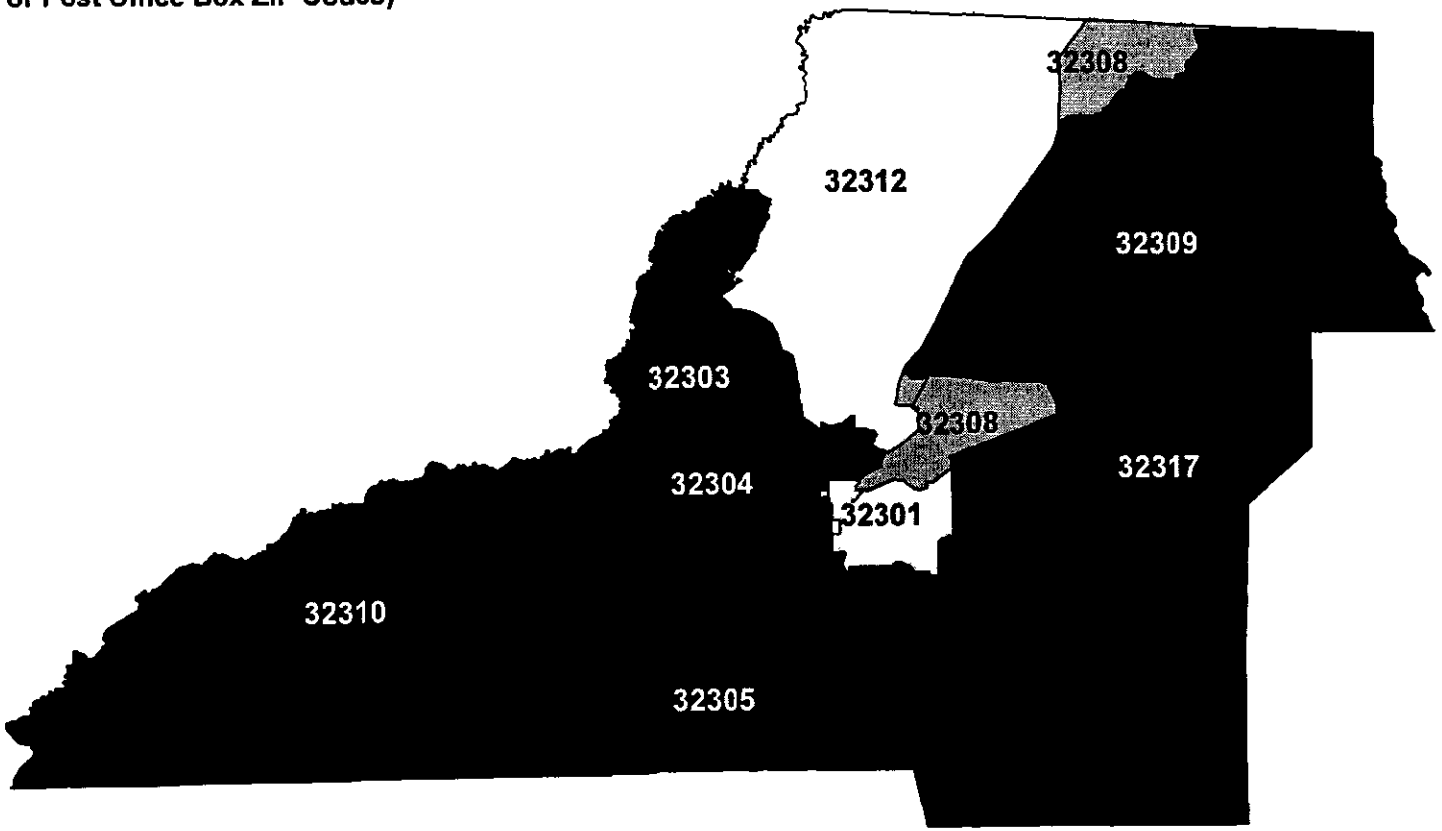
- Christiana Care Health Services
  Wilmington, DE
- Great Plains for Greeley County
  Greeley, CO
- Griffin Health Services
  Derby, CT
- Hennepin County Primary Care Dept.
  Minneapolis, MN
- Jefferson Health System
  Birmingham, AL
- Kokua Kalihi Valley Comprehensive Services
  Honolulu, HI
- Mariposa Community Health Center
  Nogales, AZ
- Morton Plant Mease health Care
  Clearwater, FL
- Northeast Missouri Health Council
  Kirksville, MO
- Northeast Ohio Neighborhood Health Services
  Cleveland, OH
- Northeastern Vermont Area Health Education Center
  St. Johnsbury, VT
- St. Barnabas Hospital & Health Care System
  Bronx, NY
- Women's Health Services
  Santa Fe, NM

APPENDIX A:

LEON COUNTY ZIP CODE MAP

APPENDIX A

Leon County ZIP Code Map
(Does not include FAMU or FSU Campus ZIP Codes or Post Office Box ZIP Codes)



Source: Medegy Healthcare Information Management Company, Inc.

Attachment # 4
Page 124 of 129

APPENDIX B:

FEDERALLY FUNDED ACADEMIC MEDICAL CENTER/CENTERS OF EXCELLENCE

APPENDIX B
NATIONAL COMMUNITY CENTERS OF EXCELLENCE IN WOMEN'S HEALTH

Christiana Care Health Services
Wilmington, Delaware

Great Plains for Greeley County
Greeley, Colorado

Griffin Health Services
Derby, Connecticut

Hennepin County Primary Care Department
Minneapolis, Minnesota

Jefferson Health System
Birmingham, Alabama

Kokua Kalihi Valley Comprehensive Services
Honolulu, Hawaii

Mariposa Community Health Center
Nogales, Arizona

Morton Plant Mease Health Care
Clearwater, Florida

Northeast Missouri Health Council
Kirksville, Missouri

Northeast Ohio Neighborhood Health Services
Cleveland, Ohio

Northeastern Vermont Area Health Education Center
St. Johnsbury, Vermont

St. Barnabas Hospital & Health Care System
Bronx, New York

Women's Health Services
Santa Fe, New Mexico

NATIONAL COMMUNITY CENTERS OF EXCELLENCE IN WOMEN'S HEALTH (Continued)

University of Michigan Health System
Ann Arbor, Michigan

University of Minnesota
Minneapolis, Minnesota

University of Mississippi Medical Center
Jackson, Mississippi

University of Missouri/Kansas City
Kansas City, Missouri

University of Puerto Rico
San Juan, Puerto Rico

University of Texas/San Antonio
San Antonio, Texas

University of Washington, Seattle
Seattle, Washington

University of Wisconsin, Madison
Madison, Wisconsin

Virginina Commonwealth University
Richmond, Virginina

West Virginia University Health Sciences Center

Rural Demonstration Projects

University of North Dakota

University of South Dakota

APPENDIX C:

CENTERS OF EXCELLENCE AT ACADEMIC MEDICAL CENTERS

APPENDIX C
CENTERS OF EXCELLENCE AT ACADEMIC MEDICAL CENTERS

Boston University Medical Center
Boston, Massachusetts

Brown University/Women & Infants Hospital
Providence, Rhode Island

Magee-Women's Hospital
Pittsburgh, Pennsylvania

MCP Hahnemann University/Drexel University
Philadelphia, Pennsylvania

Harvard Medical School
Boston, Massachusetts

Indiana University School of Medicine
Indianapolis, Indiana

Oregon Health and Science University
Portland, Oregon

Tulane and Xavier Universities of Louisiana
New Orleans, Louisiana

University of Arizona
Tucson, Arizona

University of California, Los Angeles
Los Angeles, California

University of California, San Francisco
San Francisco, California

University of Illinois at Chicago
Chicago, Illinois

BOND COMMUNITY HEALTH CENTER, Inc.

March 30, 2005

Leon County Board of County Commissioners
301 South Monroe St., 5th floor
Tallahassee, Florida 32310

Dear Board of County Commissioners:

Please find attached a proposal for Women and Children's Health Services to be implemented at the Bond Community Health Center, Inc. according to the results of a study conducted by MGT of America. Your office continued support of the efforts of the Bond center will allow the Board of Directors to continue the provision of primary, preventive, comprehensive health care to the residents of Leon and surrounding communities. If any further information is need, please fell free to contact me at the listed telephone number. Thanking you in advance!

Sincerely

J.R. Richards, MPA, CEO

CC: PHIAB
Bond Board of Directors

"Family Medicine"
(Clinic Only)
872 West Orange Avenue
Tallahassee, FL 32310
Fax (850) 576-2859

"Medical Home"
Clinic & Administrative Offices
710 West Orange Avenue
Tallahassee, FL 32310
Telephone (850) 576-4073
Fax (850) 576-2824

TABLE OF CONTENT

WOMEN'S HEALTH PROJECT

PURPOSE: To improve the quality of health care for women in Leon County.

OBJECTIVES:

1. Conduct outreach to attract female patients of all ages and increase awareness of health issues that relate to women.
2. Conduct health education in the form of one-on-one consultations, workshops and seminars on health topics of concern to women.
3. Ensure that Diabetic prenatal patients are enrolled in the Centers Diabetes Collaborative and are receiving appropriate care.
4. Monitor the Center's compliance with recognized standards of care for OB/GYN patients including Quality Indicator and CQI guidelines and conduct follow up on identified deficiencies.
4. Identify high risk female users and coordinate appropriate services to supplement their health care needs including, case management, social work counseling and/or referrals to outside agencies.
5. Provide administrative support to clinical providers serving female patients.
6. Conduct and monitor such other activities as deemed necessary to promote and fulfill the purpose and objectives of the program.

COMPONENTS:

Well Woman

1. Encourage annual examinations that include general physicals as well as gynecological examinations through mailings and targeted outreach efforts.
2. Encourage biennial mammograms for women over 40 years of age and annual mammograms for women over the age of 50 through mailings and targeted outreach efforts.
3. Promote Breast and Cervical cancer awareness through regularly scheduled campaigns.
4. Initiate Health Awareness campaigns covering illnesses of high incident among women within the Center's service area.
5. Monitor coordination of care for female users with identifiable risk factors such as domestic violence, drug abuse, homelessness, STD diagnosis and adolescent pregnancy through utilization of multi-disciplinary teams, case conferences and other tracking mechanisms.
6. Coordinate with the Center's HIV Program to provide specific HIV Early Interventions services to women of child bearing age.

Prenatal

Develop and maintain a comprehensive prenatal program that incorporates the following:

1. Outreach and recruitment of prenatal patients as early as possible, with special emphasis on reaching patients in their first trimesters.
2. Specific program tracks for New Mothers, Experienced Mothers and High-Risk "Special Needs" Mothers.
3. A schedule of events and information dissemination concerning:
   - Doctors visits
   - Nutritional Counseling
   - Social Work referrals (when appplicable)
   - Lamaze Classes
   - Breast Feeding
   - Hospital admissions procedures
   - The Center's Pediatrician
   - Post-partum follow-up
   - Well baby visits and immunizations
4. Possible special events and incentives like monthly baby showers for program participants; donated giveaways (e.g. toiletries, baby bags, t-shirts, etc.); seminars and workshops to emphasize BCHC as the mother's "partner" throughout her pregnancy.

Introduction

Bond Community Health Center, Inc. (BCHC) was founded in 1984 to care for the indigent, uninsured and medically underserved of Leon County and surrounding areas. Because the needs of the target population outgrew the available resources of the Clinic, in 1994 Bond applied for and became a Federally Qualified Health Center (FQHC) with the Bureau of Primary Health Care, Health Resources and Services Administration (HRSA). As a FQHC Bond abides by and is in compliance with the policies and regulatory standards set forth by the Federal Government. The Center's Medical Malpractice Coverage for Clinical staff falls under the Federal Torts Claim Act of the Department of Health and Human Services, Bureau of Primary Health Care). HRSA is responsible for the effective monitoring and oversight of the Center and BCHC submits several financial and programmatic reports throughout the year as well as go through a periodic review of all services and operations (*see attachment 1 for Primary Care Effectiveness Review (PCER) results).*

The County also conducts monitoring annually, through its Community Human Services Partnership (CHSP) process. As well, monthly invoices are submitted to the County demonstrating all services rendered, to whom and how all County dollars are spent and accounted for; annual audits are conducted by the City of Tallahassee and monthly invoices are submitted that demonstrates services rendered and accounts for all dollars spent from City funds; The State Department of Health receives monthly invoices and an annual audit also accounts for dollars received from the State. Bond Community Health Center, Inc. is in compliance with all of its regulatory agencies and now passes all its reviews successfully and with minor recommendations, as opposed to past years when the Center was struggling to meet compliance standards. Additionally, for the past two years the Center received accolades for improvements to minor recommendations in its annual Human Resources Audit conducted by The Krizner Group.

The Board of Directors is vested with fiduciary responsibility and oversight for all operations, policies and procedures. The mission statement of the organization as of July 2003 is "To improve the physical, spiritual, psychological and psychosocial well being of the residents of Leon and surrounding communities, by providing access to the highest quality, comprehensive, family health services with particular concern for the lower socio-economic groups, regardless of their ability to pay".

Bond Community Health Center's primary service area is the City of Tallahassee and Leon County; however, the Center also attracts patients from surrounding counties such as Gadsden and Wakulla. According to the HRSA Bond Community Health Center, Inc. is responsible for serving census tracts 1, 4, 5, 6, 10.01, 10.02, 11.01, 11.02,12,13, and 14, which also encompasses the 2nd Congressional District. Bond operates two sites in Tallahassee; both on West Orange Ave., and these sites served 7,697 individuals that equated to 18,423 encounters/visits in 2004. It is important to note the role that the Center plays in addressing access to health care for the indigent.

The hours of operation that most providers keep are not convenient for the low income and/or uninsured individual. Most of the target population works in hourly positions for low wages and with no benefits such as sick time. For these individuals to take time away from their jobs to keep a physician's appointment would cost them more than the visit alone; they would also lose the wages for the time spent away from the job. Many of these workers have families and lost wages cannot be borne by the family. So again, the worker waits until the condition becomes acute and visits the emergency room at night where they may wait for hours and hours, but at least no work is lost. Healthcare is very expensive and a very complex problem, but something must be done, hence the need for "one-stop health shops". Bond proposes to be a one-stop health shop. We also propose that a Social Worker be placed in the ER during the evening hours when people are more apt to utilize ER services. This will allow for the re-education of poor people (a vital component) in accessing preventive health care services and establishing "medical homes".

Bond is saving the two local hospitals hundreds of thousands of dollars annually by taking on the burden of caring for the uninsured, many of whom are referred from the emergency room which in turn contributes greatly to the Return on Investment to the County/Community. We play a vital role in that these individuals would not have access to primary, preventive health care and would continue to utilize the emergency room as their means of primary health care. On an average, Bond serves approximately 5,000 uninsured patients, at a loss of $96.00 (Medicaid reimbursement rate). Often we hear that the emergency rooms are still filled with uninsured patients. Tallahassee is among many cities in this situation, as this is a National problem that we must, at best, attempt to address on a local level. The rates of uninsured people have risen to astonishing numbers and hospitals nationally are complaining of the burden to care for their uninsured. Significant evidence suggests that the Hospital emergency room utilization is multipurpose and therefore represents a much larger problem in America, particularly in indigent communities. More often than not, when serving the uninsured or underinsured you are referring to a community of either the poor or low paid community members. Therefore the Emergency Room, often located at the "Community Hospital", becomes not just a resource for emergency medical assistance, but inundated with non-urgent patients who require assistance with their social and environmental issues. Often, having nowhere else to go, many of these patients become cases or clients, rather than patients. They are often isolated, have "no one to love or love them" and seek out company (social). Or, they cannot afford air-conditioning in the summer or heat in the winter (environmental). Generally, either condition is experienced during the off hours and may account for the influx of patients.

The local hospital, Tallahassee Memorial Hospital (TMH), completed a multi-million dollar renovation and re-dedication of its "Bixler Emergency Center" in 2003, as well as in October 2004 announced the opening of a state of the art Women's Health Pavilion. Both were widely professionally publicized. These efforts due to the lack of education, prominent amongst the indigent, however, sent an unintended message to the indigent population, —"come to the newer, bigger, nicer, emergency room for quicker service, no need to wait for an appointment". It is our contention that this message not only under-

minded what TMH was trying to convey and further contributed to overloading the ER with non-emergent patients. It is possible that it also deflected the message that CareNet and BCHC is attempting to present to the indigent patient—that establishing a medical home is important to health maintenance and prevention and that the emergency room is for emergencies.

The local for-profit hospital, Tallahassee Community Hospital, built an entire new facility in 2003, doubling its size and renaming it the Capital Regional Medical Center (CRMC). The media blitz associated with the new hospital has had a similar effect as the TMH advertisement. However, both TMH and CRMC continue to refer patients to BCHC and NHS to establish medical homes but more importantly save the lives of the indigent over the course of receiving ongoing medical treatment.

Over 5,000 of BCHC's patients are uninsured and we receive minimal funding to care for these individuals that are diverted from the emergency rooms (historically because of their ability to pay for-profit organizations). BCHC accepts all patients regardless of their ability to pay and again is saving the hospitals hundreds of thousands of dollars by providing uncompensated care that they would otherwise provide without the presence of the Bond Community Health Center. The Center also contributes by saving its patients and the community the cost of purchasing medications at the Federal 340B discounts pricing through a contract with the FAMU Pharmacy as a result of Bond's FQHC status. Bond's in-kind contribution to this contract includes paying for all operations of the Pharmacy including staffing, supplies and medications and allocates some of its county funding and self-pay revenues to Pharmacy operations, in addition to the time associated with BCHC's Medical Director to sign all Prescription Assistance Programs applications.

Bond Community Health Center has recently undergone an entire administrative restructuring in 2003. This new team has spent its first year reviewing the operations and health care delivery of the Center and the entire community and regulatory agencies have noted that there have been many positive changes as a result. BCHC has changed and upgraded, where necessary, all areas of operation to combat significant challenges. The Center has seen significant growth as we embark on new endeavors to make BCHC a force to be reckoned with in the FQHC realm. Bond is playing a critical role in the provision of health care services in Leon County and need to be recognized as such. The Center can no longer be seen as the "free Clinic" because there is a perception that goes along with that view, part of which is the inability to grow beyond individual expectations. BCHC now employs the appropriate staff with the capacity to grow beyond expectations.

BCHC declares a list of accomplishments including but not limited to: the removal of Drawdown Restriction Status with the HRSA in 2003; participated in the Health Resources and Services Administration's Primary Care Effectiveness Review and received a report that depicted 5 findings and resulted in a two and a half page document as opposed to the previous audit that resulted in a 30 page document. Unfortunately, this report also included a finding that the Center was providing the same

service in two buildings in close proximity and was required to resolve this matter by relocating all services under one roof. It also found that the Center depicted a change in its Payor Mix, which turned out to be a decrease in its Medicaid Population (see attachment II). Please note that this was the only area BCHC was founded to be out of compliance with the HRSA selected 9 compliance indicators. The Feds expect no decreases or significant shifts in our payor mix (see last page of Attachment 2). Other accomplishments include: In 2003 the Center relocated medical records for adequate file system and space, converting the old medical records into three office space cubicles; applied for and was awarded funding by the Ryan White Title IIIb Early Intervention Services Grant in the amount of $400,000 in 2001 and continuing; Participates in the Diabetes Collaborative since April 2001; participates in the Patient Redesign Visit Collaborative since 2002, and have reduced our patient wait time to under 50 minutes; Medical Director is on 100.7 Health Beat Radio twice daily discussing health issues/tips; collaborated with Nims Middle School, FAMU School of Pharmacy and obtained grant funding from the National Library of Medicine to place a computer at each site for patients to access the Medical and Pharmaceutical information; conducts an annual fund raiser Fan Fair and provides over 100 fans each year to patients in need; Congressman Allen Boyd interested in our Diabetes collaborative visited the Center and Shadowed a diabetic patient which was aired on local news channels; took part in CareNet's "Hoop It Up for Health" Basketball Tournament where we conducted free health screenings; several appearances on MBC Urban News Network to discuss health issues related to African Americans; collaborated with TMH and the Chrome Divas (motorcycle riding women, one of who was our phlebotomist) and conducted a fund raiser entitled Divas Las Vegas Casino night to raise funds $20,000 for a diabetic children's camp; Hosted press conference for and participates in the annual "Take Your Loved One to the Doctor Day" which included presentations from Dr. John Agwunobi, Secretary, DOH; Rhonda Meadows, Secretary, AHCA; Terry White, Secretary, Dept. of Elder Affairs; and Jerry Reiger, Secretary, Dept. of Children and Families; participated and conducted health screenings at Tallahassee's Caribbean Festival in August 2003 and 2004; conduct an annual HIV Health Fair; began monthly HIV Support group and Advisory Council in August 2003, collaborated with Pfizer Pharmaceutical Company to conduct a "Bring in the New Year Healthy Health Fair; the Board conducted a Strategic Planning session and revised its Mission, including the development of a Leadership Statement and Vision Statement; revised by-laws to include a CQI/QA Committee and a Planning and Development Committee; conducted what will be an annual fund raising event for our Twentieth (20th) Anniversary Celebration that was successful; conducted Board Recruitment Campaign; Given Proclamations from the Leon County Commissions, Congressman Allen Boyd, Senator Bill Nelson, Senator Curtis Richardson, just to name a few; upgraded its Management Information Systems and Billing Systems for effectiveness and efficiency; contracted with a group of Midwives to provide Prenatal and GYN care; negotiated to become a provider for Health Ease enrollees (a large health insurance provider) as well as to be a provider of other Managed Care Plans including Humana Choice Care Network, Community Health Solutions, VISTA and United Health Care; Provided free health screenings at various health fairs and community events including but not limited to Service Day for the Homeless; FAMU Homecoming health fair; National Women's Health Check Up Day;

FAMU's Sex in the City Health Fair; increased patient/users of the center by 26% and increased visits to the center by 30%, from 2003-2004; purchased 16 passenger van through its HIV/AIDS program to transport this population; increased Memorandum of Agreements with local Community Based Organizations and Schools of Higher Learning and implemented a Geriatric Clinic in collaboration with FSU's School of Medicine, Dept. of Geriatrics; conducted food and clothing drive for HIV+ patients; conduct health education workshops to local CBO's; The Florida Medical Quality Assurance, Inc. which is an agency that works with organizations throughout the state of Florida to coordinate efforts in diabetes education and reduce the disparity in A1C testing among African American Medicare Diabetic beneficiaries, presented BCHC with an award as a token of their appreciation of BCHC's efforts in reducing the disparity in A1c testing. This analysis depicted that the Bond Center aided in the reduction of the diabetes disparity in Leon County. The study looked at data from baseline (07/2000-06/2001) and then from follow-up (10/2002-9/2003) and showed that baseline data was 13.9% and follow-up data depicted the disparity was reduced to 2.2%.

The Bond Community Health Center and its CEO is an active board member of the Florida Association of Community Health Centers (FACHC). Health Center administrative staff and providers are afforded the opportunity to attend meetings of the Association and to participate in various committees, task forces and training opportunities offered through the Association. It is through its membership in the Florida Association that the Health Center most directly works with other Community Health Centers in addressing issues that impact Federally Funded Community Health Centers throughout the state. On an informal basis BCHC maintains a collaborative relationship with Health Centers around the state in sharing information regarding solutions to day-to-day issues that are common among CHCs. BCHC is also an active member on Boards of the local Strategic Neighborhood Action Partnership (SNAP) and the Community Human Services Partnership (CHSP).

BCHC has adopted HRSA's "Integrated Primary Care Community Based Health Service" matrix as a model for our own 100% Access to Primary Care System. Aspects of this system include our joining the Community Health Centers Alliance (CHCA) formed in 1999 and funded by a BPHC ISDN grant. This Formal Integrated Delivery Service Network currently has over 18 health center members across the State of Florida and each Center pays dues and has a seat on the Board of Directors to address the needs of the patients served. Its purpose is to improve the quality and delivery of health care by planning, organizing, developing and operating a health service network. Services include, peer review, group purchasing, legal and financial services and resource sharing. In addition to this network, BCHC has informal agreement with and provides the health services for the Nims Middle School. The Health Center also provides school physicals and immunizations for the children attending school in the service area. A formal arrangement is also in place with The Florida Health Department, which provides funding to address the burden of caring for the uninsured. The Ryan White Title II Program is implemented by Big Bend Cares which also serves as the HIV Planning Council for this area and BCHC has a formal agreement with them where they refer all patients that test HIV+ to Bond for primary health care through its Title III

program and BCHC refers all HIV+ patients to them that are in need of services such as dental, mental health, podiatry and substance abuse treatment. The Leon County Office of Commissions also provides funding to the center to address the burden of providing primary care to the uninsured.

In addition, the Center has agreements with health professional education/teaching institutions and programs and accepts preceptors/interns with the FSU Medical School; FAMU and FSU School of Nursing, FAMU School of Pharmacy for pharmacy students, The University of Florida Physician Assistant Program, Lively Technical School and Keiser College for Medical Assistants and Certified Nurse Assistants. FAMU's School of Nurse Practitioner Program, that has an agreement to rotate Women's Health Nurse Practitioners in the Women's Health Curriculum through BCHC. The Center has developed extensive positive working relationships with other medical, social services, businesses, local government, school districts, Universities and other nonprofit organizations in the community. The Center has a strong collaborative agreement with the Capital Medical Society/WeCare Network, which is also a collaborative partner in the CareNet Consortium. BCHC refers patients to this agency for Specialty Care services such as Endocrinology, Vascular surgery, Dermatology, Microsurgery and Plastic Surgery. Through the volunteer commitment of physicians and ancillary medical providers, the Network serves low-income persons who do not qualify for programs that would pay for the medical care recommended by their primary care providers.

Additionally, the Center has in place both formal and informal referral linkages with Apalachee Mental Health and Bethel Family Counseling, both providing mental health counseling services; The Health Department Dental Clinic for dental services; Sawmill Academy, a girls juvenile detention Center brings patients in shackles to the Center for care; Seminole Work and Learn a boys juvenile detention Center that also does the same. BCHC has an agreement with the Health Department WIC office that provides food and milk to mothers and their children and with Tallahassee Coalition for the Homeless that refers homeless individuals to the Center for primary care and social services. We refer patients to Big Bend Hospice; patients experiencing abuse are referred to Refuge House, a facility that addresses domestic violence. The Sickle Cell Foundation is used as a referral site for support and testing of an entire family for sickle cell anemia and genetic counseling; Option Health Care and American Home Patient assist the indigent with medical supplies such as nebulizers and other durable medical equipment; FSU Department of Nutrition, Food and Exercise provide a nutritionist half day per week to conduct sessions in food selection and preparation, on-site cooking demonstrations and routine evaluations of plasma glucose and lipids levels as well as blood pressure and body mass index measurements; Mothers in Crisis, Great Recoveries and Disc Village provides drug rehabilitation and counseling; Catholic Charities provides rare medications not stocked by BCHC pharmacy to indigent individuals; Tallahassee Housing Authority refers public housing residents for primary care; Shisa provides HIV case management, counseling and testing; Nationwide Laboratory provide lab services to our patient population; Alpha Eye Institute provides a volunteer Ophthalmologist at the Center one day per week; and Welby Way is the mandatory sole provider of radiology services Health Ease Managed Care Patients. All

of the services described above are vital resources in the community and serves as the tools needed for a continuum of care for the indigent.

Recently the Center has enrolled in the Rural Health Literacy Program of Florida. This grant-funded program provides teaching materials covering common chronic disease - including those health disparities such as diabetes, obesity, asthma and coronary artery disease on audio for use during the extended office stay. Patients provide feedback using a simple 5-question survey, which documents their comprehension and willingness to adopt certain lifestyle changes.

Need:

Please also see the study conducted by MGT of America for justification of need for Women and Children's Health services. Please note that the area showing the highest need is on the Southside of Leon County. Other areas of need will be serviced through the purchase and service of a Mobile Health Unit aimed at providing care for those unable to access health care due to lack of transportation or inadequate financial resources. This resource will need additional financial support, as it was not factored in to the MGT recommendations for area wide service.

The target population for BCHC is mostly urban with the usual problems associated with the inner city and Poverty is hazardous to ones health. A large percentage of the patients that Bond serves are minorities (77%), with the largest percentage being African American (73%), and a small percentage in the target area (3.2%) report speaking a language other than English at home. Among the target population the rate of fetal demise is three (3) times that of the State of Florida. There are marked differences between low birth weights of Caucasian and non-Caucasian babies in the target area and neither compare favorably with the State averages. Immunization rates are lower in the target area than in other areas of the State. The Bureau of Primary Health Care and State Department of Health designate the area as Medically Underserved Area (MUA), a Dental Shortage Area and a Health Professional Shortage Area.

Seventy-six percent (76%) of BCHC's patients are uninsured which is well above the national average of 39%, State average of 55% and small FQHC at 42%; 16% Medicaid compared to the national average of 36%, State average of 25% and small FQHC average of 29% and .05% Medicare compared to the national average of 7%, State average of 6% and small FQHC average of 9%. The Center also has a high female population at 64% and a low infant and young children population of 0.7% due to the lack of Pediatric Specialty services. Over 80% of these patients receive lab work three (3) times per year and Bond experience lab costs at nearly $200, 000 annually (Bureau of Primary Health Care, Uniform Data Systems (UDS) Grantee Comparison Report). This data supports the MGT study as it relates to needs of the community and agency.

The target population is generally in poorer health than its counterparts around the state as is evidenced by the following statistics as doctors are now speaking of families

keeping scruffy cats in rooms to scare off rats-nightmare conditions for kids with asthma. Currently 67% of BCHC's prenatal patients enter prenatal care late as oppose to the State of Florida at 44.35%, National at 37.73% and for small FQHC's at 34.53% (2004 UDS). The statistics quoted throughout this document supports the actions of the Board of County Commissioners (BOCC) to fund a program dependant on the results of a study. The County Healthy Start Coalition indicates that a significant percentage of women do not take their babies to see a pediatrician or any other doctor within the first six weeks after delivery. Neither do they seek post-partum care for themselves. Family Planning cannot be effective without mothers returning for follow-up care. Individuals in the target population have many barriers to health care. Lack of financial resources or health insurance of any type is one of the largest barriers to access for the target population as indicated by the MGT study. Since the indigent do not have the financial resources available to pay for care and the pharmaceuticals needed, they wait until medical problems become acute then seek care at the hospital's emergency room where they know they will be discharged with sample drugs at no charge. As previously stated, Seventy-six percent (76%) of Bond's patients are uninsured and in Florida unless one is pregnant or under the age of 18, it is very difficult to become covered by Medicaid. Between the ages of 18 and 64, Florida only recognizes disability as a reason for coverage and the Center's medical records department is bombarded with state disability determinations, again because it is the only means to obtaining Medicaid. Patients are often turned down at least twice before being eligible. Even if one is covered by Medicaid, dental coverage is limited to children and does not provide for adults. HIV patients are not covered under the AIDS Drug Assistance Program (ADAP) for Health insurance as they are in many other states; hence over 62% of BCHC's HIV+ patients are uninsured.

Bond continues to build on its successes through its continued partnership with the Leon County BOCC and receives funding through the MSTU to help combat issues associated with health care for the indigent/uninsured. Our partner has requested for a study to be conducted by MGT of America to determine a need for women's health care services at or near the Bond Community Health Center, Inc. According to the Executive Summary of said study, the study-involved input of resident women, other community residents and a diverse group of key informants and stakeholders that included elected officials, community service providers, staff and Board Members of the neighborhood health centers. The study also surmised that, "the major conclusion drawn from their input and our analysis of health status data for Leon County is that there is a CRITICAL NEED for health care services for low income women and children and that the need is concentrated primarily in the Southside area currently served by the Bond Community Health Clinic". That study was presented to the PHAIB of the County and MGT was sent back to the drawing board for more information. Recommendations were made by MGT for Bond to implement a Women and Children's Health Project and suggested a few models that can be used in accordance with the amount of allocated funds and BCHC is proposing to implement the model chosen as "the most effective organizational model" considering all constraints, which is model 5.4, page 5-7 (see attachment 3). The study recommended that The Bond/Leon County Comprehensive Women's Health services Program be implemented with BCHC being the "Core Facility" for delivery and

coordination of services for women and children. It also asserted that the advantages to implementing this program are that it leverages new investment by County and creates a multiplier effect; optimizes the use of existing resources; maximizes the return on investments of prior capital investments; improves the availability of and access to new services in less time than other options; and allows coverage of larger service area with marginal additional investment through the use of satellite locations.

Response:

The Leon County Commissioners prioritized the 2004 top ten issues for the county, and ranked as #7 was the need for a Women's Health Program at or near the Bond Center. BCHC is prepared and have staff with the experience necessary to carry out this project to full completion. To address the issue of comprehensiveness we will purchase and staff a Mobile Health Unit that will serve those zip code areas that has been identified in the study as also having high needs, with particular concern for Districts 2 and 3. We propose to make scheduled venues, days and hours of the mobile unit so that the communities will know when the unit is available to conduct screenings, physicals and follow up care. The unit will have additional costs associated for staffing and purchase of the Mobile Health unit (see budget and justification). Since the early nineties community health centers along with various hospital based outreach and cancer prevention programs have recognized the advantage and benefits of the mobile health unit. These units, by reaching the most vulnerable populations, provide greatly needed primary care and screening services. The mobile unit is generally staffed with three full-time staff members– a family nurse practitioner, a registered nurse or EMT, and often a medical educator/counselor. These staffers are cross-trained to perform multiple tasks, such as lab work, screening test, and even driving and servicing the truck. The trailer trucks are custom designed to be private and non-intimidating. It usually includes a small waiting room, nurse's station, laboratory, exam room, and space for screening tests and discussion. Many of these units also house radiology and mammography units.

Added success of these units has been their ability to reach mothers and children in rural areas and school districts that have limited access to school-based healthcare or a primary care physician. The potential HIV/AIDS patient is provided point-of-contact care making treatment and follow-up more likely. Because access to healthcare is often the rate-limiting step to receiving care, these mobile units bring services to the local communities and to the forgotten pockets of citizens that live where no public transportation exists. Staffers of these units often speak of traveling to the Third World without ever leaving their service areas. This model of taking care to the needy has been reproduced by The Ronald McDonald Charities, the United Way—Success with 6 programs, and numerous women and children's health programs across the country.

BCHC will contract its OB services to a Practitioner that has Privileges with both hospitals in order to maintain prenatal care throughout the cycle and past delivery by providing the well child care. Dental screening services will be contracted with the Leon

County Health Department Dental Unit as identified by the MGT study. A Pharmacy Technician will also be contracted with the FAMU Pharmacy for the increased load.

Although the study highlighted the Bond Zip Codes as those most in need (see Executive Summary of MGT study), it also identified other zip codes that were also in need of our services and we intend on serving these populations as noted above. BCHC needs to expand its facilities and staff in order to accommodate the proposed Women and Children's Health Center and serve more patients in its service area. These patients have not been able to obtain services because of inconvenient hours for the working poor and lack of access to Specialty services. To address this issue Bond recently increased its hours of operation and is now open Monday thru Thursday from 8am to 8pm and on Saturdays from 9am to 2pm. BCHC has not had the women's health staff available to accommodate the full need in the target population nor has it had a Pediatrician on staff to give mothers the comfort level needed with newborns and children. By providing this opportunity, the Center will create better access to more patients and better clinical outcomes. However, as the study also depicted, BCHC currently lacks the infrastructure to accommodate a full service program. The study made recommendations to combat space concerns and we ask that the BOCC consider those recommendations as quoted, "it is possible to establish the proposed satellite offices within current county facilities. However, there will be costs associated with the renovation of existing facilities" (page 5-11). It is a known fact that infrastructure problems cause internal problems and the Center has made too many steps in the right direction to begin to divert backwards.

Bond has a need for expanded space in which to see more patients and implement Women and Children's Health services. BCHC served 7,697 patients equating to 18,423 visits. Keeping this in mind consider the following: Currently at the 710 site four providers are working out of seven exam rooms, well below the National average of 3 exam rooms per Medical Provider. At the 872 site there are another seven exam rooms with 3 providers working out of them. BCHC currently has two (2) Providers each sharing 10x10 office spaces causing dictation and other problems associated with confidentiality, the same situation also exist at the 872 site. The Case Manager for the HIV/AIDS Ryan White Title III Program currently has a caseload of 300+ patients and lack of office space prevents the center from adding a much-needed additional Case Manager to address the needs of the HIV population. These type problems cause issues with patient flow, appointment wait time; scheduling and a host of other issues to contend with. The exam rooms at 710 West Orange Ave. fill quickly; patients have to wait sometimes two to three months for an appointment for Physical exams, so most of them walk-in and this facility cannot accommodate two additional providers and support staff adequately.

For BCHC to implement this project, see more patients, hire more providers, and bring in more support staff, the Center will need an expanded medical facility. The Center is currently bursting at its seams and doing all that its infrastructure allows, as indicated above. A dedicated building would help resolve many concerns of the Commissions as it relates to the effectiveness of emergency room diversion. One must have the

infrastructure to accommodate the rise in the uninsured population of Leon County and although the budget factors in the doubling of its Pregnant patients (an additional 2,800 visits) and a 50% increase of pediatric patients (300) as a result of Hiring OB and Pediatric Providers, it does not account for increases in family planning (GYN) patients that will result from marketing and advertisement as well as "word of mouth".

There is a push by President Bush to Expand Existing FQHC's to combat health care problems and in 2005-2006, BCHC will be seeking to expand its facilities by creating satellite sites that will aide in resolving health care issues in other districts of Tallahassee. *It is vital that the community supports BCHC's efforts in expanding its services regardless of other facilities' abilities to grow.* As a FQHC Bond is vested with opportunities to expand its services to other areas in Tallahassee that are underserved, through the federal grant process. There are opportunities through the Expanded Medical Capacity (EMC) process, Public Housing Primary Care (PHPC) program and the Healthy Schools, Healthy Communities (HSHC) program. The Center is currently preparing an application with the Tallahassee Coalition for the Homeless, for the Healthcare for the Homeless (HCH) Federal program, which will provide on-site, at the Hope Community, health care services. Currently, Bond conducts free screenings and physicals to homeless individuals referred from the HOPE Community. We will also be soon preparing a grant application to HRSA for dental services in collaboration with the LCHD. These Federal Grant Opportunities will allow Bond to expand its services to unserved areas and allow the County to save even more on health care for the indigent and uninsured by allowing Bond to bring in more federal dollars.

Bond has two options to consider in implementing this project. The Florida Agricultural and Mechanical University (FAMU) have offered Bond the opportunity to renovate two storefront units adjacent to the 710 West Orange site. The two units total 3,127 square feet. The renovation would include 6 exam rooms and equipment for these rooms, the front desk and reception area, and other minor renovations to bring the facilities to a full medical capacity. As previously mentioned, during the last two Primary Care Effectiveness Reviews (federal audits) conducted by the Health Resources and Services Administration (HRSA), it was noted that Bond has two sites in close proximity providing the same services and strongly suggested that services be combined under one roof. By moving services from 872 to the 710 West Orange site, Bond will be able to more efficiently serve the patients. The majority of the staff would be consolidated in one place making staffing and costs more effective/efficient without duplication of services at the sites. The 872 site, with minor renovations would then be available for the County's initiative of Women's Health Services. The other option is for the BOCC to consider an entire building to house all services including women's health. This would not only satisfy the recommendations of HRSA but also prove to be most cost effective i.e., renovating one building instead of two and possibly utilizing the 710 site for the HIV/AIDS program and Administrative Staff.

Evaluative Measures: (Please see attachment 4 for the Health Care Plan and those indicators and measures that will be monitored through the Center's CQI/QA Committee).

As it is the policy of BCHC to provide the highest quality of care, the leadership has established a planned, organization-wide approach to monitoring and improving performance. The evaluations of health care at Bond are performed through the Continuous Quality Improvement/Quality Assurance Committee (CQI/QA). This committee oversees issues of operations including management information systems, administration, clinical care, patient services and satisfaction, support services, and special projects. It formulates and implements action plans and corrective actions when needed and is guided by the Center's mission statement. Through the CQI/QA Committee and those benchmarks deemed as critical outcomes and goals, Bond can clearly track the quality of the services provided to its patients. All clinical outcome targets are based on nationally accepted standards of care in each particular discipline. When the Center participates in a Health Disparities Collaborative, as it does the Diabetes Collaborative, the outcome goals and treatment standards adopted by the Collaborative are used as the benchmark. The CQI/QA Committee is chaired by the Medical Director, includes all Senior Management staff that reviews the results of the Health Care Plan for this project and reports its findings to the CEO and ultimately the Board of Directors. The CQI/QA plan is updated annually and measures the overall performance of the Center with indicators and benchmarks that measures success and is approved by the BPHC/HRSA. The CQI/QA Committee ascertains that all services provided are culturally and linguistically appropriate.

Recruitment, hiring, and orientation of the staff will be completed within (3) months of receipt of funding. Recruiting for the Coordinator, providers and support staff will begin immediately. The CEO, COO, Medical Director are responsible for this task. Some of the new staff will assist in setting up the women's health center site. They will be trained to be sensitive to women's issues as well as in cultural sensitivity. Recruitment will be accomplished through working with the local Medical School, newspaper ads, internet ads etc.

BCHC will begin to prepare for the promotional campaign as soon as the grant funding is received through the opening of the newly renovated areas/site, by visiting local churches and schools, TV and radio announcements, print ads, and word of mouth. Bond intends to inform the target population that access to care will become easier for them in the near future with a women's health center, and a Pediatrician.

The women's health outreach program will be implemented with the hiring and training of the outreach worker. The CEO, COO, Medical Director and Program Coordinator are responsible/involved for overseeing this program. The outreach worker will spend her time speaking with the women in housing projects, local churches, at health fairs, and other gathering places. Her main role will be to educate the women about the Center, and the need for the women to visit the Center for pregnancy testing, family planning, Pap smear testing, and early entry into prenatal care. By creating collaborations through community outreach, an increase in the level of community responsiveness toward pregnancy care issues will be evident. The Case Manager will be responsible for managing the care, data entry tasks and will prepare reports for analysis, decision-making and planning activities.

The project will design and utilize forms to log changes in, for example: the occurrence of late or no prenatal care, care in the first trimester, low birth weight, pre term births, ability to target outreach and survey those attending to the center due to outreach efforts and sources of income.

Impact:

BCHC will impact the community that it serves by increasing access to those who previously have not been able to avail themselves of services. Saturday hours will alleviate the need for lost time from work and lost wages. Parents will be able to bring children in for much needed immunizations and well-child visits. Adults may not wait until their conditions become acute and utilize the hospital emergency rooms as frequently, producing a more significant Return on Investments.

The number of women of color becoming infected with HIV continues to grow at alarming rates. Fortunately, AIDS therapies are dramatically lowering the levels of perinatal transmissions. Educating the target population, particularly women, regarding HIV prevention, diagnosis and treatment are essential components of this project and its collaborative partners. By hiring a contract OB physician part-time, 1.3 FTE midwives, a prenatal case manager, Social Worker and a women's health outreach worker, BCHC will be reaching out to the women in the community who do not access care early enough in their pregnancies. This in turn causes problems with the pregnancies including high rates of fetal demise and low birth weights. Also, for women with health issues such as breast lumps or cervical cancer, the earlier they enter care the more likely that the outcome will be favorable. Having an outreach worker talking to the women of the community at health fairs and churches, and passing out brochures to educate them will help reduce the no-show rate for appointments. Family Planning services will be available and education for the target population will be a priority. We will offer full prenatal care inclusive of birth and postpartum exams, newborn care, preconception counseling, annual exams and treatment of vaginal infections and STD's.

This effort will support women throughout their life span with education and active participation in decision making of their health care. Opening a center dedicated to women's health issues will have a positive effect on the statistics quoted in the MGT study as well as in this application. It will support and address the County's concern about women's health in Leon County. The women in this area have not had the access to care that has been needed, and they are suffering because of it. This effort will also identify women with high risks pregnancies and allow for intervention and treatment to combat poor outcomes as identified in the study. It will improve patient satisfaction and compliance with health programs, promote healthy choices and lifestyles, promote preventive health care and disseminate lessons learned to benefit others interested in our initiative. All of the staff will be trained to be culturally sensitive and linguistically diverse.

Hiring a Pediatrician to work with new moms and childhood issues part-time will free the Family Practitioner to see more adult patients and have the added benefit of more

access for the newborns that the Center will attract by having a midwife and an OB on staff. Mothers tend to feel most comfortable when a Pediatrician cares for their newborns. All of the improvements above expand Bond's medical capacity to provide services and access to care to the target population, which also addresses the President's Initiative to Expand Health Centers.

- In 2003, BCHC contracted with Full Circle Women for the services of 3 midwives and Bond has already seen a significant increase in its OB patients. This group refers patients at 36 weeks to Dr. Brickler who follows and delivers babies at Tallahassee Memorial Hospital. However, with this arrangement the Center has to refer out the patient for delivery, so the reimbursement for the delivery, post-partum, and well child visits is lost. Considering that the LCHD does not have Bond listed as an OB provider, when patients attend to this agency for Medicaid they are referred to another OB provider on their list, even though Bond initiated the process. The Center would like to contract with an OB practitioner that has hospital privileges 2 days per week and utilize the services of 1.3 FTE midwives. This would allow the patients to have greater access to prenatal care at an earlier point in their pregnancy. Greater access to care will help to reduce the low birth weights and fetal demise in the target population. Bond also intends to hire a Prenatal Case Manager will conduct prenatal risks assessments and initial intakes, conduct data entry tasks, help pregnant moms remember and keep their appointments as well as to handle all prenatal referrals. She will also track and assist with having moms come back for post-partum care and getting baby into care. The case manager will assist the moms with education, entitlements and support services. Another important position is a Women's Health Outreach Worker to bring in women of childbearing age. This person will spend her time on the streets in beauty salons, housing projects, parks, bus stations, malls, etc., of the target community conducting Case Finding activities and talking to these women about the importance of early entry into care and other pertinent health education topics. Her primary role will be to educate them about the Center and bring them in for pregnancy testing, education, family planning, and early entry into prenatal care while utilizing brochures and other materials describing the services offered. She will establish a list of agencies providing services for women and children who agree to host on-site workshops and coordinate all efforts with the current HIV/AIDS program Outreach Worker.

The Health Care Plan for Women's Health is as follows:

- To provide comprehensive, continuous perinatal care in order to reduce infant mortality, low birth weight, and the prevalence of late/no prenatal care.
- Collaborate to promote healthy behaviors particularly among the high risks population before, during and after pregnancy to reduce the impact of high risk behaviors on outcomes, through increasing community awareness and information.
- Educate health and other social service providers around specific issues leading to improved aocess.

- Coordinate with Healthy Start programs to maximize use of resources.
- Conduct extensive outreach and collaboration with community based agencies.
- Expand maternal/infant care and support services by providing outreach and referrals.
- Provide and encourage early cancer screenings.
- Provide outreach, patient education and case finding to refer pregnant women for care and teens for family planning.

The addition of a contract Pediatrician 3 days per week will make a difference in the number of children being served. By bringing on a pediatrician and tracking the number of babies that come in for newborn and well-child care, Bond plans to increase the immunization rate for the children in the target population. It is a known fact that mothers feel more comfortable with a Pediatrician attending to their children as opposed to a mid-level or family practice provider.

The Health Care Plan for Pediatrics is as follows:

- To provide comprehensive care to BCHC pediatric users and parental education that emphasizes disease prevention.
- 100% of all pediatric patients will have prenatal risks accessed.
- 90% of all pediatric charts will reflect that all target-screening areas have been addressed.
- 90% of all pediatric patients will have up-to-date immunization schedules.
- Provide health education HIV/AIDS Prevention, Substance Abuse Counseling, Child Abuse, and Injury prevention to at least 70% of this user group.
- 100% of the Center's pediatric users will have age appropriate health screening procedures and health education documentation in their medical record.
- Ensure child health insurance to all uninsured and underinsured pediatric users.
- Ensure complete documentation of special healthcare needs of pediatric user in the event of emergent care.

The above Health Plans coincide with existing goals. The impact will be on the number of patients served and the range of services that Bond will be able to offer women and children of low incomes.

Resources/Capabilities:

In addition to the previously mentioned resources/capabilities and constraints discussed in the need section, the underlying principle for service delivery at Bond Community Health Center is that every person in the target area has a right to obtain quality primary health care and preventive health education services regardless of age, race, sex, color, nationality, language, origin, or economic circumstances. The Governing Board of BCHC views its responsibility as the maintenance of a stable force in the health care arena while continuously improving the quality, effectiveness, and efficiency of primary care and preventive education services. To this end, Bond has established strong,

collaborative relationships with other providers and organizations that are equally concerned about the welfare of the residents in Tallahassee and Leon County.

Through the Continuous Quality Improvement/Quality Assurance Committee and those benchmarks deemed as critical outcomes and goals, BCHC can clearly track the quality of the services provided to its patients. All clinical outcome targets are based on nationally accepted standards of care in each particular discipline. Where the Center participates in a Health Disparities Collaborative, these outcome goals and treatment standards adopted by the Collaborative are used. The goals and outcomes, as noted in the Health Care Plan, include such topics as accurate documentation, preventive medicine, prenatal early enrollment, pediatric and adult immunization, HIV and STD screening of adolescents, and functionality and elder abuse screening of the geriatric patient and are tabulated and distributed to the CQI/QA committee members. A three-month turnaround period is given for all corrective action to be fully implemented in order to meet compliance with the standards adopted by the Center. Specific staff or providers are informed if corrective actions are needed however; the objective is to expand the current scope of assessment and improvement beyond clinical activities to organization-wide processes.

A twelve member Board of Directors, who exercises full authority and responsibility for the establishment of program policies, governs BCHC. The organization's governance structure oversees compliance with Federal and State rules and regulations. The governing board is comprised of individuals who volunteer their time and energy to create a fiscally and managerially strong organization for the purpose of improving the health status of their community. Various committees of the Board of Directors include: Personnel, Finance, Nominating and Executive Committees who work on different aspects of the Center's development. The Board of Directors approves the development of programs, personnel policies and the annual operating budget. The Board delegates day-to-day operations of BCHC to the Chief Executive Officer. The Board meets monthly and maintains minutes of all meetings. In addition the Board ensures the engagement of a Certified Public Accountant to audit the financial activities of the Corporation. The Board carries out its legal and fiduciary responsibilities by providing policy level leadership and by monitoring and evaluating the Center's performance.

The CEO reports to the Board and is held answerable and accountable. The Chief Financial Officer (CFO) reports to the CEO, oversees the financial operations and provides monthly financial reports to the Board (as required by the Federal Audit Clearinghouse, Bond's financial operations depict "separation of duties" for internal financial controls). The Chief Medical Officer (CMO) reports to the CEO on clinical and clinical administrative matters and provides monthly reports to the Board on CQI/QA issues and improvements. The Chief Operating Officer (COO) reports to the CEO and provide monthly reports to the Board on utilization and provider productivity. This constitutes the Senior Management Team as the design depicts reporting relationships and serves as a guide to functional implementation of corporate goals and objectives. Due to many concerns of the Board of Directors there has been transition in leadership. The entire senior management team is new as the CEO, CFO, CMO and COO all

began their tenure in the early 2003. This move has undoubtedly begun the process of ascertaining compliance with regulatory agencies to ensure the delivery of quality care services to the community as we look forward to our future successes. The philosophy behind the design is that our patients deserve a lifetime of the highest quality comprehensive care, targeting their specific needs and provided with the utmost respect.

WOMEN'S HEALTH PROGRAM
BUDGET JUSTIFICATION

STAFFING REQUIREMENTS:

Based on the 2003 National Uniform Data Systems rollup from the Health Resources and Services Administration (HRSA), the Direct Medical Support ratio for the State of Florida was 1.99 per FTE and the Front office Patient Support Ratio was 1.40 per FTE. Based on these figures, the support ratio is a bit lower than average for this programming. Based on the projected increase of 200 prenatal patients, BCHC will have an additional 2,800 prenatal visits and an additional 300 pediatric patients that will result in an additional 750 Pediatric visits in year 1. **This budget also reflects the need to provide services to other areas of the community. It is believed that the most cost effective way to do so would be the purchase of a Mobile Unit which would require some additional cost. This can be factored into the next year's budget if we are unable to provide the service immediately, as it was not factored into the MGT budget for services.**

PROGRAM INCOME: **$268,800**

Program Income is based on enrolling new pregnant patients into the Prenatal Medicaid Program. Based on figures above the center expects to receive from Medicaid for Pregnant Women and Children $268,800 (2,800 Medicaid visits x $96.). Keep in mind that once women deliver their babies they will end up back on the uninsured role as this insurance is for pregnant women only.

PERSONNEL: **$667,632**

Program Coordinator $85,000

The Program Coordinator is critical to the success of the program and will be A Masters Level experienced person responsible for the coordination of all Women and Children's Health services.

Midwives $116,832

The 1.3 FTE Midwives (.3 to work from 5-8pm Monday-Thursday) are the central pieces of the OB portion of the program. They will provide clinical care to patients around the clock including after hours coverage. The partial FTE OB Physician and Pediatrician will be contractual until such time that the patient volume and funding allow for the recruitment of a FTE of each. The salaries are the going rate in the local market.

Health Educator/Nutritionist $40,000

The Health Educator/Nutritionist is critical to the educational and nutritional needs of moms and babies. She will be responsible for orientation, conducting prenatal and child health workshops, breast feeding, child birthing and parenting classes as well as attending to nutritional counseling and WIC coordination.

Medical Records Technician $23,000

This position will assist an already short staffed department. Another FTE must be added in order to properly service the patient volume which is expected to be generated by this expansion and this individual will focus their efforts on charts pertaining to Women and Children.

Prenatal Case Manager $30,000

The Case Manager position will require an individual that has a nursing background and is necessary to ensure that each patient that is brought into care is followed up appropriately and

receives the full continuum of care that is crucial to the health of both mother and child. He/She will be responsible for coordinating referrals, work closely with the Social Worker, post-partum follow up and conducting HIV counseling and testing.

LPN (2 FTE) $80,000

These positions will be added to support the addition of the Ob and Pediatrician for ancillary services and conduct regular routine chart audits.

Medical Assistant $21,000

This position is also added to support the addition of a Pediatrician and OB Physician.

Community Liaison/Outreach Worker $27,000

The success of this program also depends on BCHC penetrating the community in order to locate more at risks patients. Due to the complexity of this job, as well as the difficulty of recruiting qualified individuals in the Tallahassee area, this is the minimum salary that will enable us to recruit a suitable individual for this key role. This person will be responsible for assisting in the development of collaborations with other CBO serving this population.

Licensed Lab Tech $30,000

Considering the fact that 74% of BCHC's patients are indigent and uninsured, the load on our lab is incredible. The types of services to be offered by this program will generate many additional tests and thus will require the addition of an FTE of a licensed Laboratory Technician.

Licensed Clinical Social Worker $60,000

This person will have the responsibility for all Mental Health and Substance Abuse Counseling as well as addressing issues such as Domestic Violence, Child Abuse Counseling, conducting risk assessments, teen pregnancy issues and parental counseling.

Transportation Driver $20,800

The Van Driver will be responsible for the transport of the Mobile Health Unit to areas identified as having needs, providing primary care, making referrals and conducting follow up. This unit not only will address transportation barrier issues for Women and Children but also reach out to those areas of the County where Women and Children's Health is a concern and bring them into care.

Nurse Practitioner (mobile) $75,000

The Registered Nurse Practitioner will be responsible for primary care services rendered on the Health Mobile and will be supervised by BCHC's Medical Director.

LPN (mobile) $40,000

The LPN will be responsible for triaging patients and those duties associated with nursing care such as blood draws, referrals, vitals etc.

Receptionist (mobile) $19,000

The Receptionist will be responsible for intakes, scheduling, referrals, data entry etc.

FRINGE BENEFITS: **$113,101**

These are calculated utilizing the same methodology as the overall program, outlined as follows; part time employees will not be eligible for benefits:

FICA 7.65%

Health Insurance	7%
Disability	1%
Workers Comp.	1%
Retirement	1%
Total	*17.65%*

SUPPLIES: **$17,467**

Medical/Medical Records	$5,852 Calculated at the historical rate of $2.09 per visit
Office	$7,924 Calculated at the historical rate of $2.83 per visit

TRAVEL/CME: **$8,300**

Program Coordinator to attend one Women's Health Conference	$1,500
CME-Full-Time Midwife	$2,000
Mileage reimbursement for Outreach	$4,800

CONTRACTUAL: **$370,540**

All of the contractual under this project is to be spent on direct patient care and is broken down as follows:

Lab fees	$28,000 Calculated at the historical rate of $10 per visit
Pharmaceuticals	$2,000 Calculated at the prescription assistance rate of $5 per script.
OB Physician	$149,760 based on 16 hours per week for 52 weeks at $180/hr.
Pediatrician	$137,280 based on 24 hours per week for 52 weeks at $110/hr.
Pharmacy Tech	$25,000 based on $12/hr
Dental Assistant	$30,000 based on $14.42/hr

RENOVATIONS & ALTERATIONS: **$150,000**

This cost include renovating existing space at the 872 site to allow for more Pharmacy space, medical records, office space, front desk and the waiting room.

EQUIPMENT: **$215,000**

This includes cost for equipment needed for a full array of services as follows:

Mobile Health Unit	$160,000
An Ultrasound Machine	$30,000
Fetal Heart Monitor	$5,000
2 Pelvic Exam Tables for the obese population	$20,000

OTHER: **$37,000**

Other cost associated with this project includes:

Mobile Insurance based on current trends	$8,000
Gasoline based on historical data	$4,000
Marketing and cost associated with Outreach	$25,000

WOMEN'S HEALTH PROGRAM
BUDGET NARRATIVE

PERSONNEL:	*$667,632*
Program Coordinator	$85,000
Midwives (1.3 FTE which includes after hour coverage)	$116,832
Health Educator/Nutritionist	$40,000
Medical Records Technician	$23,000
Prenatal Case Manager	$30,000
Licensed Practical Nurse (2) includes 1 with OB exp.	$80,000
Medical Assistant	$21,000
Community Liaison/Outreach Worker	$27,000
Licensed Lab Technician	$30,000
Licensed Clinical Social Worker	$60,000
Nurse Practitioner (mobile)	$75,000
LPN (mobile)	$40,000
Receptionist (mobile)	$19,000
Transportation Driver (mobile)	$20,800
FRINGE BENEFITS: $640,800 @ 17.65%	*$113,101*
FICA 7.65%	
Health Insurance 7%	
Disability 1%	
Workers Comp. 1%	
Retirement 1%	
TOTAL: PERSONNEL & FRINGES	**$780,733**
SUPPLIES:	
Medical/Medical Records @ $2.09 per encounter x 3,550	$7,420
Office Supplies @ $2.83 per encounter x 3,550	$10,047
TOTAL: SUPPLIES	**$17,467**
TRAVEL/CME:	
Program Coordinator (includes hotel and airfare) @1,500	$1,500
Provider CME @ $2,000 per FTE x 1FTE's	$2,000
Local travel for Outreach @ 1,500 trips x avg. 10 (15,000) miles @.32	$4,800
TOTAL TRAVEL	**$8,300**
CONTRACTUAL:	
"patient Care Contracts"	
Nation Wide Lab for Labs not performed; 1,500 proc. @ $12	$18,000

FAMU Pharmacy Tech	$25,000
Pharmaceuticals @ $7 p/script x 1,500	$10,500
OB Physician (16 hours per week x 52 weeks @ $180. p/hr)	$149,760
Pediatrician (24 hours per week x 52 weeks @ $110. p/hr)	$137,280
Dental Assistant (LCHD)	$30,000
TOTAL CONTRACTUAL	**$370,540**
RENOVATIONS/ALTERATIONS:	
Front desk, waiting room, pharmacy and exam rooms etc.	$150,000
TOTAL ALTERATIONS & RENOVATIONS	**$150,000**
EQUIPMENT:	
Mobile Health Unit	$160,000
Ultrasound	$30,000
Portable Fetal Heart Monitor	$5,000
2 Pelvic Exam Tables for larger women @ $10,000 ea.	$20,000
TOTAL EQUIPMENT	**$215,000**
OTHER:	
Transportation Insurance (8,000) and Gasoline (4,000)	$12,000
Marketing/Outreach	$25,000
TOTAL OTHER	**$37,000**
TOTAL BUDGET WITH MOBILE UNIT	**$1,579,040**
TOTAL BUDGET WITHOUT MOBILE UNIT **1,579,040 - 354,122 for mobile services**	**$1,224,918**
PROGRAM INCOME: (see budget justification)	**$268,800**

ATTACHMENT 1

U.S. DEPARTMENT OF HEALTH & HUMAN SERVICES
HRSA
Health Resources & Services Administration

Office of Performance Review
Atlanta Regional Division

Sam Nunn Atlanta Federal Center
61 Forsyth Street, SW - Suite 3M60
Atlanta, GA 30303-8909
Phone: 404-562-4140
Fax: 404-562-7999

December 15, 2003

Rev. Al Williams
President, Board of Directors
Bond Community Health Center, Inc.
710 West Orange Ave.
Tallahassee, Florida 32314-6930

Dear Rev. Williams:

On September 23-25, 2003, a Primary Care Effectiveness Review (PCER) was carried out at your Health Center. The results of the PCER are being provided to you to recommend areas of Health Center quality improvement. We feel this report can be a valuable resource in strengthening your operation in the future.

The visit identified a number of issues that present opportunities for improvement. The most critical issues are presented below. It is essential that a Quality Improvement Plan (QIP), which addresses these specific areas, be developed and presented to us. Other opportunities for improvement are also noted on the enclosed summary of the reports from the PCER consultants, and should also be considered for improvement, but do not need to be included at this time in the QIP.

Description of Issue #1: Governance

The Board meets regularly on a monthly basis; however, in the time period reviewed, the minutes reflect that a quorum was not present at one third of the meetings.

Recommendation: A quorum is required at every meeting for the Board to conduct business. Present a plan to review and improve Board attendance so that quorums are met.

Description of Issue #2: Administration:

The current CFO is leaving the Corporation. We were advised that the plan is that an individual within the corporation would be hired for that position. Given the expertise of the staff, this is not acceptable.

Recommendation: Bond Community Health Center requires, and the BPHC Expectations

indicate that a corporation of this size, especially given the current and past fiscal difficulties, should have a full time, competent and experienced CFO. The CEO should advertise, recruit and hire such an individual immediately.

Description of Issue #3: Administration:

The Community Health Center maintains two fully staffed clinics less than a block apart.

Recommendation: The CEO, in conjunction with the Board, should review the need for two clinics in such a close proximity in light of costs, productivity, and revenue generation. Present findings in the QIP.

Description of Issue #4: Clinical:

The review cited a strong Quality Assurance Committee at your Community Health Center. However there were many deficiencies listed; namely, all preventive services are not provided; there is no system to track referrals to specialty care, prenatal patients are not tracked, drugs are not properly stored, logged or accounted for, the process for credentialing and privileging is not documented and the formulary is not utilized.

Recommendation: You are a federally deemed corporation for medical liability coverage under the Federal Tort Claims Act. Many of the deficiencies described above could be detrimental to patient care. These must be corrected and proof given to this Office in the QIP that the issues have been reviewed, addressed with a time frame for implementation of changes:

Establish a Q/A committee that includes the medical director, providers and he pharmacist. The committee must meet regularly, discuss issues, implement resolution and evaluate whether issue resolved, keep minutes of meetings.

Provide **all** primary care services, in house or through contractual arrangements with another entity.

Establish tracking logs for all referrals.

Describe how medications, including samples, are received, logged, dispensed, and stored. What are the procedures for exceptions to using the formulary.

Establish credentialing and privileging policies with Board approval. Documentation must be placed in the personnel folders of the providers.

Describe how prenatal services are provided.

cription of Issue #5: **Fiscal**

The Corporation has lost $50,000 in the first two months of the grant year.

Recommendation: Provide this office with a Recovery Plan that indicates by month, the estimated costs and revenues that will produce a balanced budget by the end of the grant year.

ur QIP should be sent to the address provided herein no later than January, 29, 2004.

Ketty Gonzalez, MD, MS, Division Director
Atlanta Regional Division
HRSA Office of Performance Review
61 Forsyth Street, SW, Suite 3M60
Atlanta, GA 30303-8909

e will provide a copy of your QIP to your project officer in the Bureau of Primary Health Care once the P is reviewed and accepted by our office.

e want to thank you for hosting the PCER team. Please contact Dr. Galo Torres of our office if you have y questions about this letter or the enclosed summary. Dr. Torres can be reached at 404/562/4121 or orres@hrsa.gov.

Sincerely yours,

John E. Awalt
Operations Director

Enclosure
cc: J.R. Richards
Executive Director
Bond Community Health Center, Inc.
710 West Orange Avenue
Tallahassee, Florida 32314-6930

ATTACHMENT 2

DEPARTMENT OF HEALTH & HUMAN SERVICES
BUREAU OF PRIMARY HEALTH CARE

Health Resources and
Services Administration
Bethesda MD 20814

Gayle Milan
Chairperson, Board of Directors
Bond Community Health Association, Inc.
710 West Orange Avenue
Tallahassee, FL 32310-6835

SEP 2 0 2004

GRANT #: H80 CS00683

Dear Ms. Milan:

The purpose of this letter is to provide a reminder and guidance for preparation of your fiscal year (FY) 2005 application for support under Section 330 of the Public Health Service Act as amended by the Health Care Safety Net Amendments of 2002 (P.L. 107-251). In applying for non-competing continuation funding, Health Centers should refer to PIN 2004-19 as a source of application guidance for FY 2005. This PIN is available at http://bphc.hrsa.gov/pinspals/pins.htm. Your application is due no later than November 1, 2004.

For fiscal year 2005, you must submit your application via hard copy. Information for preparing paper applications can be found at http://www.hrsa.gov/grants.htm. PIN 2004-19 provides specific instructions for completing the application and where to go for assistance. Your budget should reflect all FY 2004 increases to your base level of support from the Bureau of Primary Health Care (BPHC).

The application must **not** include any requests for changes to your scope of project. New affiliation agreements or significant changes in existing agreements cannot be approved through the continuation application process. These must be submitted as independent requests, conforming to PIN 2002-07, dated December 31, 2001, for change of scope, and PINs 97-27 and 98-24 for affiliations.

As part of our oversight of your grant, a Mid-Year Assessment (MYA) was conducted that included a review of the status of your organization with respect to clinical, fiscal, governance and administrative issues. In addition, we look for any outstanding grant conditions, management assessment items, or unresolved issues from site visits. We also review your financial position and your UDS data. As a result of this review, we request that you address the following items in your application:

- Conversation with the CEO indicated recruitment of a new Chief Financial Officer and search for an OB Provider. Please provide a brief update of staff changes in your narrative.

- Please provide an update of issues identified in your Quality Improvement Plan, including the status of improving the financial viability of operating two sites in close proximity.

- While the 6/30/2003 audit shows an overall improvement in your financial status, the number of days in accounts receivable is high. Please address steps you will take to reduce this number.

- The audit evaluation for 6/30/2003 shows the ratio of gross charges vs. expenses to be .3 compared to an accepted ratio of >.9 and <1.1. While this is an increase over the last two audit years, it is still low. Please discuss this in your narrative.

- 2003 UDS shows that you are experiencing a shift in payor mix. Please provide a brief discussion of the factors surrounding this shift in your application narrative.

In accordance with PIN 2002-23, effective October 1, 2002, all deemed health centers must reapply for malpractice protection under the Federally Supported Health Centers Assistance Act (FSHCAA) each year. All deemed grantees must complete Exhibit F to continue receiving the medical malpractice protection provided by the FSHCAA.

In keeping with the Bureau of Primary Health Care expectations regarding Health Disparities Collaboratives, we are pleased to note that you are currently participating in the Diabetes III Collaborative. It is recommended that you review PIN 2002-12, for information that will guide you in discussing your Collaborative progress in your application.

All Health Centers should be developing plans for implementation of the Health Insurance Portability and Accountability Act of 1996 (HIPPA). Your application should include a brief description of your efforts to meet the standards and requirements of HIPAA.

If you have any questions or concerns with respect to program requirements or expectations, please contact your Project Officer, Susan Whitney, at 301-594-4480 or via email at swhitney@hrsa.gov. We look forward to reviewing your application and working with you in support of access to high quality primary care and preventive service for the community and population you serve. Thank you.

Sincerely yours,

Darryl Burnett
Acting Branch Chief
South Central Operations Branch
Division of Health Center Management

Enclosures
cc: J.R. Richards, CEO

BOND COMMUNITY HEALTH CENTER, INC

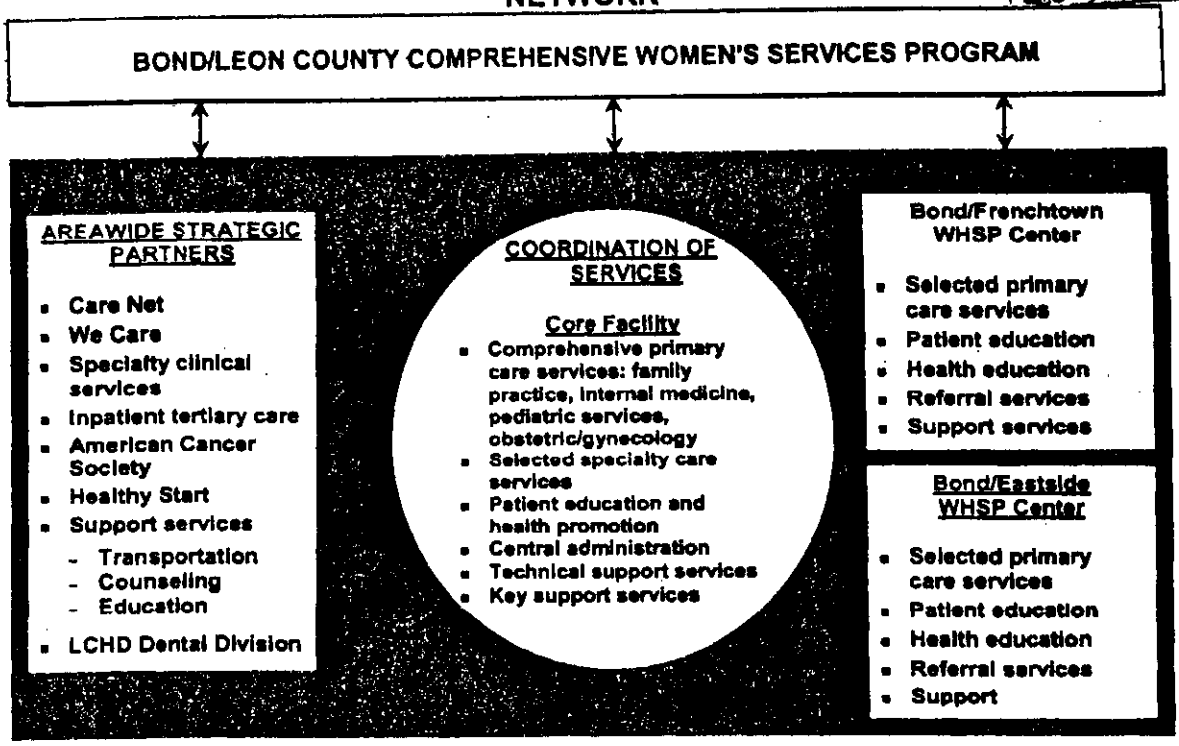
UDS # 048050 State: FL Grantee Type: Urban

	Measure	Description	Grantee Goal	Grantee		Comparisons		
						National	Urban	State
	Medical User Growth Rate	Percentage Change in 2003 Medical Users Compared to the Average of 2001 and 2002 Users	No Percentage Decline in Medical Users	32.4%		10.6%	11.5%	12.9%
	Medical Encounter Growth Rate	Percentage Change in 2003 Medical Encounters (excl Psych) Compared to the Average of 2001 and 2002 Encounters	No Percentage Decline in Medical Encounters	32.8%		11.3%	12.5%	12.0%
	Changes in Self Pay Charges	Percentage Change in 2003 Self Pay Charges Compared to the Average of 2001 and 2002 Self Pay Charges	Self Pay Charges Did Not Decrease 0% or More	56.2%		24.5%	26.0%	22.0%
	Use of BPHC Grants for Uncompensated Care*	2003 Sliding Fee Discounts + Medicaid Allowances as a Pct of 2003 BPHC Total Health Center Cluster (THCC) Grants	Not Less Than 50th% by Type: Rural: >=65.9% Urban: >=109.2%	94.4%		123.6%	149.4%	121.8%
4	Medicaid User Growth Rate	Percentage Change in 2003 Medicaid Users Compared to the Average of 2001 and 2002 Users	No Percentage Decline in Medicaid Users	-2.4%		12.8%	14.5%	16.7%
5	Medical Team Provider Productivity	2003 Physician and Midlevel Medical Encounters divided by the sum of Physician FTEs and one-half of Midlevel FTEs (excl Psychiatry)	Not Less Than 20th percentile National: >=3732	4,778		4,326	4,106	4,684
7	Medical Care Services Cost per Medical Encounter	*2003 Medical Care Svcs* Costs after Distrib of Fac and Adm Costs divided by all Physician and Midlevel Encounters (incl Psychiatry)	Not > 2003 CMS FQHC Caps Rural: <=$91.64 Urban: <=$106.58	$106.84		$111.59	$119.13	$103.45
9	Percent of Self Pay Charges Collected	2003 Patient Fee Collections as a Percent of Patient Fee Charges	Not Less Than 20th percentile National: >=13.7%	19.3%		20.5%	15.3%	23.1%

* PM4 - only positive Medicaid Allowances were included in the numerator

ATTACHMENT 3

EXHIBIT 5-4
WOMEN'S HEALTH CARE NETWORK



ATTACHMENT 4

HEALTH CARE PLAN
PERINATAL

Goals/Objectives	Key Action Steps	Expected Outcome	Data, Evaluation & measurement	Person/Area Responsible	Comments
A. To provide comprehensive, continuous perinatal care in order to reduce infant mortality, low birth weight, and the prevalence of late/no prenatal care. A.1 Enroll 90% of all prenatal patients in the 1st trimester. A.2 Complete Risk Assessments of 100% of all prenatal patients. A.3 Offer HIV testing to 100% of all pregnant patients.	A1 (a) Enroll pregnant women in the 1st trimester throughout all clinical areas A1 (b) Offer free pregnancy testing to female users and enroll those testing positive into the Nurse Midwifery Clinic. A1 (c) Participate in outreach programs to educate the community about the importance of 1st trimester enrollment. A2 (a) Complete Healthy Start Prenatal Screen at entry. A3 (a) Place reminder triggers on every physical exam and lab form. A3 (b) Educate the patient on the importance of early and repeat testing.	A1 (a) Increased enrollment rates from active Center users. A1 (b) Increased number of new Center users. A1 (c) Increased community awareness of the Nurse Midwife Clinic at the Center A2 (a) Patients offered WIC services; given access to Medicaid benefits; referral MSW at early interval. A3 (a) Institute early prophylactic treatment of the fetus and enroll the mother in Title III program.	A1 (a) 25 active patient charts will be reviewed for enrollment dates by the Prenatal Sub-committee of the CQI/QA Committee. A report of the findings will be shared with all providers and clinical staff pointing areas that may need improvement. A1 (b-c) New users will be surveyed inquiring how they learned about the Center in order to evaluate effectiveness of outreach efforts. A2 (a) Same as A1 (a) A3 (a) Review of all prenatal charts quarterly to query document that each patient was counseled of the benefit of HIV testing. Result shared with Midwives.	All Providers, Clinical Staffers, and Nurse Midwives Nurses and Nurse Midwives Medical Director, CQI/QA/ Nursing Supervisor	

Attachment # 5
Page 38 of 42

HEALTH CARE PLAN
PERINATAL

Goals/Objectives	Key Action Steps	Expected Outcome	Data, Evaluation & measurement	Person/Area Responsible	Comments
A.4 90% of prenatal patients will be seen at recommended intervals.	A4 (a) Align follow-up visits with the recommendation of the College of OB-GYN. A4 (b) Monitor follow-ups and no shows. By attempting at least twice by phone and/or certified mail and documenting in patient chart.	A4 (a-b) The Center will be able to verity continued care. The Center will be able to prevent patients from "being lost to follow-up".	A4 (a) Quarterly review of 25 charts of women who had at least one prenatal visit to document follow-up and staff compliance to attempt contact. Results reported to the Nurse Midwives and to the Medical Director. A5 (a) Quarterly reviews of 25 charts of women who had prenatal care at least three times in the previous 6 months.	CQI/QA Committee.	
A.5 90% of all newly delivered mothers will return with the newborn for postnatal care and enrollment of the infant in the Center.	A5 (a) Track postpartum mothers to ensure return to clinic following hospital discharge. A5 (b) Work with back-up hospitals and OB-GYN physicians to facilitate receipt of medical records info on postpartum mother and return of patient to BCHC. A.5 (c) Give all new prenatal patients postpartum newborn appointments based on EDC.	A.5 (a) The Center will see an increase in pediatric patient visits.		CQI/QA Committee, Medical Director	
A.6 Hire a full-time Obstetrician. Assessments of 100% of all prenatal patients.	A.6 Creative and aggressive advertising.	A.6 (a) The Center's patients will have all Ob care provided by Bond providers.	A.6 (a) Review utilization of the Nurse Midwifery services over the next few years to assure feasibility.	Board of Directors and CEO	

HEALTH CARE PLAN
PEDIATRICS

Goals/Objectives	Key Action Steps	Expected Outcome	Data, Evaluation & measurement	Person/Area Responsible	Comments
A. To Provide comprehensive care to BCHC pediatric users and parental education that emphasizes disease prevention. A.1 100% of all pediatric patients will have risks accessed. A.2 90% of all pediatric charts will reflect that all target-screening areas have been addressed.	A.1 (a) Refer all pediatric patients to the MSW for risk assessment on first visit. A.2 (a) Complete health check-up tracking forms at each visit for providers to review. A.2 (b) Update growth charts at each visit. A.2 (c) Review immunization schedules at every visit. A.2 (d) Review lead screening form for completeness at each visit. A.2 (e) Place dental evaluation and referral forms on every chart.	A.1 (a) Children to receive Medicaid or other insurance coverage. Department of Families and Children notified for early intervention when needed. A.2 (a) Increase efficiency of office visit. A.2 (b) Earlier detection of growth retardation A.2 (c) Catch-up shots will be performed as needed A.2 (d) Parents to be educated about hazards. A.2 (e) Tooth decay and loss to be decreased by early prophylactic fluoride treatment and screening.	A.1 (a) MSW to review 25 charts as part of the CQI/QA criteria. Results of review to be studied for corrective actions and shared with the medical staff. A.2 (a-e) 25 charts will be reviewed for completeness of health check-up tracking forms, growth charts, immunization schedules, and lead screening forms quarterly.	All Clinical staff and MSW Medical Director CQI/QA	

Attachment # 5
Page 40 of 42

HEALTH CARE PLAN
PEDIATRICS

Goals/Objectives	Key Action Steps	Expected Outcome	Data, Evaluation & measurement	Person/Area Responsible	Comments
A.3 90% of all pediatric patients will have up-to-date immunization schedules.	A.3 (a) Reinforce the importance of immunization and compliance in all clinical areas, particularly OB & Pediatrics. A.3 (b) Ensure that adequate vaccine in available. A.3 (c) Participate in the statewide Vaccines for Children Program. A.3 (d) Maintain enrollment in the Statewide registry.	A.3 (a) Decrease the last minute rush prior to school. A.3 (b) Parents will play an active role in the health maintenance of pediatric patients. A.3 (c-d) No child will "fall through the cracks".	A.3 (a) Review of 25 charts to document parental education by CQI/QA committee. A.3 (b) Review computerized vaccine-ordering practices from state sources. A.3 (c-d) Review the monthly report provided by the state registry to determine follow-up and need for patient contact calls and mailing.	Medical Director Nursing Supervisor Nursing Supervisor	
A.4 Provide health education HIV/AIDS Prevention, Substance Abuse Counseling, Child Abuse, and Injury prevention to at least 70% of this user group.	A.4 (a) To increase and enhance referrals for parenting workshops. A.4 (b) To refer pediatric users for education of Substance Abuse and HIV/AIDS Prevention Counseling.	A.4 To decrease the numbers of newly diagnosed HIV positive users and substance abusers.	A.4 (a) Quarterly chart review. A4 (b) Review of pediatric statistical referral for HIV Counseling/Testing and Substance Abuse Counseling Statistics as reported by CQI/QA committee	Providers and CQI/QA sub-committee members.	

HEALTH CARE PLAN
PEDIATRICS

Goals/Objectives	Key Action Steps	Expected Outcome	Data, Evaluation & measurement	Person/Area Responsible	Comments
A.5 100% of the Center's pediatric users will have age appropriate health screening procedures and health education documentation in their medical record.	A.5 (a) Monitor age appropriate screenings: - Laboratory assessments - Vision/hearing, blood pressure checks - Developmental Surveillance and Milestone - Risk behavior/psychosocial assessment	A.5 (a) Center to exceed Healthy Start expectations and to offer early intervention when needed.	A5 (a) Review 25 charts quarterly to confirm age appropriate screenings are conducted and documented.		
A.6 Ensure child health insurance to all uninsured and underinsured pediatric users.	A.5 (b) Enhance promotion of age appropriate health habits: - Injury prevention - Nutrition - Oral health - Sexual education - Social competence - Constructive family relationships and parental health - Community interactions - Successful school entry and attendance	A.5 (b) Improve school attendance; decrease injury due to poor car seat use; Decrease premature tooth loss; decrease entry into the juvenile justice programs; decrease truancy.	A5 (b) Review of Leon County School Board's truancy, expulsion, and suspension rates of the school in the Bond area.		
A.7 Ensure complete documentation of special healthcare needs of pediatric user in the event of emergent care.	A6 (a) Stress referral of all children to the Medical Social Worker for eligibility screening	A6 (a) Increase access to greater social services in the county and state.	A6 (a) Review of 25 charts to confirm consistency of referrals quarterly.		
	A7 (a) Providers to accurately document health history in medical record.	A7 (a) Improvement in the exchange of vital medical information between Center and referral centers.	A7 (a) CQI/QA chart review and reporting quarterly		

Attachment # 5
Page 42 of 42